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ANNUAL REPORT 2016-17

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Letter of Transmittal

To: Honourable Jim Reiter
Minister of Health

Dear Minister Reiter:

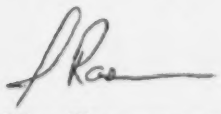
The Keewatin Yatthé Regional Health Authority (KYRHA) is pleased to provide you and the residents of northwest Saskatchewan with our 2016-2017 Annual Report. The report outlines our activities and accomplishments of the past year, highlighting some of the challenges we faced as an organization, and providing an audited financial statement for the year ending March 31, 2017.

The past year has been one of success with a number of initiatives that have been undertaken to increase customer and patient services and satisfaction, employee and patient safety, and to improve the image of the region in our communities. This may be best exemplified in La Loche where we have been working closely with the community on a number of fronts. We are now fully engaged in patient feedback at the La Loche Clinic and are tracking our progress. We were very pleased that this centre was also chosen as part of a pilot project on reducing workplace violence. Once we have the results and some initiatives in place, we plan to initiate these programs across the region. And lastly, we have been meeting regularly with town council and members of the community to hear first-hand their concerns about our services. We are expecting a full site-visit from Accreditation Canada from June 18-23, 2017. We are confident our many successes since our last accreditation in 2013 will show how we are not only meeting, but exceeding, the national standards of healthcare.

In a region as geographically diverse as ours, we still have some challenges, especially in the areas of resource allocation and staff recruitment and retention, but we are pleased that we have moved forward in community outreach and education in many areas, including mental health.

We look forward to working with the Ministry of Health in the coming year on improving the delivery of health services and will strive to ensure communities in the Keewatin Yatthé Health Region continue to receive strong supports and services from our employees.

Respectfully submitted



Tina Rasmussen
Chairperson

Introduction

AGAINST A BACKDROP of vast geography and sparse population, the Keewatin Yatthé Regional Health Authority (KYRHA) administered a patient and family-oriented healthcare system focused on wholistic health and well-being.

This annual report presents the RHA's activities and results for the fiscal year ending March 31, 2017, reporting on key accomplishments in a context of improvement and benefit provided the people of the Keewatin Yatthé Health Region.

Produced under contract by a third party familiar with the RHA, the health authority takes responsibility for preparation of the report, from the gathering and analysis of information through to the design and layout of pages, and is confident in the reliability of the information included within.

Selection rationale for and focus on a few critical performance aspects of sick time as well as staff recruitment and retention breakthrough initiatives was predicated by long-standing, inherent northern difficulties in acquiring and maintaining a healthy, reliable and appropriately trained workforce.

Locally collected improvement data may not be 100 percent accurate, but provides necessary baseline and change measures on which to gauge need for improvement and the degree gained.

Alignment with Strategic Direction

What Guides Our Work

Putting Patients First
Our Vision
The Wholistic Health of Keewatin Yatthé Health Region Residents
Our Mission
We work together with our communities to support healing and to encourage and educate our people to live a healthy lifestyle
Our Values
Our values include mutual respect, healthy individuals, families and communities, wholistic healing; responsibility and self-reliance; supporting the strengths, potential and talents of our people, their healing initiatives and community caring; service excellence; and partnerships.
Our 2016-17 Focus
Ensuring the recruitment and retention of qualified individuals to provide quality care and service.
Our 2016-17 Priorities
Staff Safety
Back and Shoulder Injuries
Financial Sustainability
Workforce Stability
Safety Management System
Our Principles
Respect
Healthy communities
Healing together
Spiritual healing
Responsibility
Supporting skills
Building strengths
Meeting needs
Healing initiatives
Community caring
Utilizing local people
Building on services
Striving for excellence
Co-operation
SASKATCHEWAN HEALTH-CARE MANAGEMENT SYSTEM

Guided by a vision of wholistic health, aligned with Provincial strategic direction and based on foundational principles lead by respect, the Keewating Yatthé Regional Health Authority uses the Saskatchewan Healthcare Management System to put patients and families in northwest Saskatchen first.

Overview

QUALITY HEALTHCARE PROGRAMS and services are provided across the region at two integrated health centres (Ile a la Crosse and La Loche), three primary-care centres (Beauval, Buffalo Narrows and Green Lake) and six outreach and education sites (Cole Bay, Jans Bay, Michel Village, Patuanak, St. George's Hill and Turnor Lake).

Facilities

Integrated Health Centres

The region's two Integrated facilities (St. Joseph's Health Centre in Ile a la Crosse and the La Loche Health Centre) offer a variety of health-care programs and services, including:

- Acute and emergency care
- Medical clinics (walk-in and appointments)
- Long-term care
- X-ray and lab services
- Public health clinic
- Home care
- Inpatient social detox
- Mental health and addictions
- Community outreach and education services
- Dental therapy
- Physical therapy
- Community health development programs

Primary-Care Clinics

Primary-care clinics in Beauval and Buffalo Narrows offer 24/7 on-call RN coverage and emergency medical services. Physician services are available as well two days a week in Beauval and four days a week in Buffalo Narrows. Other services include:

- Public health
- Home-care and special care/home health aids
- Mental health and addictions
- Dental therapy
- Community outreach and education services
- Community health development programs

Services are provided at the Green Lake Clinic by a registered/public health nurse, a home-care nurse, a community outreach and education worker and a home-care coordinator.

Overview

Outreach and Education Sites

Community outreach and education workers (COEWs) provide service to the region's smaller communities, promoting individual, family and community health through a variety of programs and workshops. Community members are helped to understand and make use of health services and clinics, as well as advised of available health resources and benefits.

Programs and Services

- **Addictions counselling education**
  Education on the effects of alcohol and drug abuse, including one-on-one counselling, follow-up support and home visits.
- **Community diabetic education**
  Counselling for diabetics and for those at risk of diabetes, and prevention through education.
- **Community outreach and education**
  How to make use of community health services; information on resources and benefits.
- **Dental clinic**
  Provides and promotes dental care; primary teeth extraction, cavities and fillings; open to children up to the age of 17.
- **Dietitian**
  One-on-one diet counselling and prevention of diseases through education.
- **Emergency medical services (EMS)** - 24-hour emergency services
- **Home-care services**
  Ensuring quality of life for people with varying degrees of short and long-term illness or disability and support needs; including palliative, supportive and acute care.
- **Mental health therapy**
  Services and interventions for individuals, families, groups and communities experiencing significant distress or dysfunction related to cumulative stress, situational difficulties or difficulties related to biochemical disorders.
- **Nutritionist**
  One-on-one nutrition counselling; prevention of diseases through education.
- **Public health nursing**
  Pre and post-natal care, immunizations, school programs and health teaching.
- **Travel co-ordination**
  Travel arrangements for patients seeing specialists who have no other means of access to medical appointments or treatment.

Population

Compared to the rest of the province, the population Keewatin Yatthé Regional Health Authority is young, with 27% of the population less than 15 years of age and only seven per cent over 65 years. Over 90 percent (93.5%) of the population self-identify as being Aboriginal.

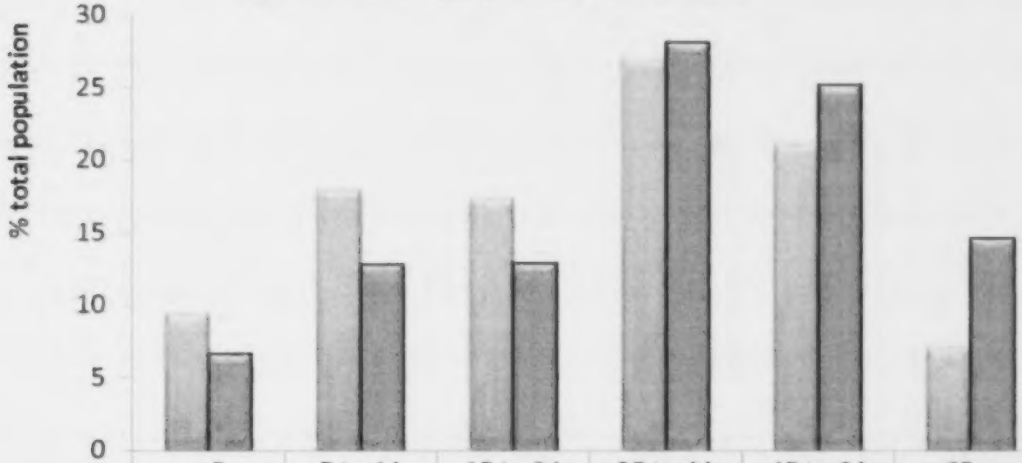
Along with Mamawetan Churchill River Regional Health Authority and Athabasca Health Authority, KYRHA has the highest "dependency ratios" of all health regions in Canada. Dependency ratio compares the number of youth under 20 and elders over 65 years of age with the "working" population ages 20-64. High dependency ratios indicate economically stressed areas.

KYRHA has almost three times the proportion of dwellings requiring major repair, and close to five times the rate of crowding, having more than one person per room, compared to the province.

The median after-tax income of people living in the health region is $17,320, which is almost $12,000 less than the provincial median ($32.000).

Off-reserve children in the Keewatin Yatthé Health Region aged 17 years and under (43%) are 2.4 times more likely to live in poverty compared to the province (18%).

Population by age group, KYHR 2016



	< 5	5 to 14	15 to 24	25 to 44	45 to 64	65 +
KY	9.5	18.0	17.4	27.0	21.0	7.1
Saskatchewan	6.6	12.8	12.8	28.1	25.1	14.6

Source: Sask Covered Population 2016, Prepared by PHU May 2017

Key Partnerships

Population Health Unit

Unique in the province, the Northern Saskatchewan Population Health Unit is a collaborative initiative of the Athabasca Health Authority (AHA), Keewatin Yatthé Regional Health Authority (KYRHA) and Mamawetan Churchill River Regional Health Authority (MCRRHA), formalized through a Co-Management Partnership Committee memorandum of understanding.

The Population Health Unit (PHU) is responsible for health surveillance and health status reporting; health protection and disease control, including enforcement, as mandated by *The Public Health Act, 1994* and related regulations. In addition, the Unit has a role providing population health consultation and advice; population and public health program planning and evaluation; and population health promotion, including: healthy public policy, community development and health education.

The team includes:

- Medical health and deputy medical health officers;
- Environmental health manager and protection coordinator, and public health inspectors;
- Nurse epidemiologist;
- Communicable disease/immunization coordinator, tuberculous outreach nurse, HIV nurse specialist and community case worker;
- Infection prevention and control practitioners (one northern and one provincial position).
- Dental health educator/technical consultant, public health nutritionist and population health promotion coordinator;
- Unit director and administrative support staff.

Northern Medical Services

Northern Medical Services (NMS) serves KYRHA with two models of care. La Loche is served by six full-time equivalent physician positions each contributing 26 weeks of service per annum. These are itinerant services, with travel to outlying clinics. KYRHA provides a duty vehicle for weekly clinics serving Birch Narrows and Turnor Lake. The health region also provides clinic space, support and accommodations, while Northern Medical Services is responsible for recruitment, continuity of service, reimbursement and travel. Ile a la Crosse is served by six full-time equivalent salaried positions and an NMS clinic with six administrative staff. Itinerant services are provided to Beauval, Buffalo Narrows, Dillon and Patuanak.

Overview

Prairie North Information Technology

Prairie North Regional Health Authority (PNRHA), through contractual agreement, provides information technology (IT) services to KYRHA that include technical support services, application hosting services, data-centre services, networks and projects.

Service requests are initially logged through the eHealth service desk (for first level or Tier 1). As required requests are escalated to Prairie North IT (for second level or Tier 2) for resolution in a prioritized manner. The support team of specialists use proactive tools and processes designed to reduce the number of infrastructure trouble calls while minimizing the downtime associated with trouble events when they do occur.

Healthcare Organizations

Other for and non-profit healthcare organizations provide services for the RHA:

- Meadow Lake Tribal Council (MLTC) provides on reserve healthcare services to off reserve non-treaty patients.
- Ile a la Crosse Friendship Centre runs the Successful Mothers Program that helps give children the best possible start in life.
- KidsFirst North supports children and parents to become stronger families by enhancing parenting knowledge, providing support and building on family strengths.

Governance

Health authority governance is provided by an eight-member appointed board with members from across the health region:

Tina Rasmussen (Chair) ..... Green Lake
Bruce Ruelling (Vice-chair) ..... La Loche
Elmer Campbell ..... Dillon
Barb Flett ..... Ile a la Crosse
Patty Gauthier ..... Beauval
Kenneth (Tom) Iron ..... Canoe Lake
Peter Laprise ..... Buffalo Narrows
Myra Malboeuf ..... Ile a la Crosse

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PROGRESS
2016-17

Progress

ANY REVIEW OF 2016-17 must note progress since the tragedy in La Loche in January 2016. The shooting deaths of four La Loche citizens stunned the community, the health region, the province and the world.

The health region focused 2016-17 on crisis response and recovery, community healing, engaging staff and redeploying resources. Intense focus and tremendous energies were directed into immediate trauma treatment and subsequent support services to assist victims, family and community members — and health care providers themselves. The suffering and recovery of the La Loche staff, made facility and program staffing a challenge, but the health region pressed on to provide important services to the community.

Awards

Organizational goals and objectives are met through the coordinated actions of many people working with individual targets to a common purpose. KYRHA staff were recognized by their provincial peers during 2016-17 for individual efforts benefiting the larger good. In May 2016, EMS personnel Kalvin Jones and Darryl Morin received the Stars of Life – Team Award from the Saskatchewan Emergency Medical Services Association. Awarded for acts of bravery, heroism, above and beyond the call of duty, excellence in leadership, program development and high standard of excellence, Jones and Morin were the first EMS workers on scene at the fatal school shooting January 22, 2016, in La Loche. In March, 2017, two members of KYRHA's nursing staff were recognized by the Saskatchewan Registered Nurses Association. Jared Dyrland, RN in Ile a la Crosse, received the 2017 SRNA Nora Armstrong Award Excellence in Mentorship. Arlene Eckert, NP in La Loche, received a SRNA Centennial Diamond Award for clinical practice.

KY staff were also recognized for training achievements. Ashley Norton, suicide prevention worker, and Amanda Petit, addictions counselor, earned Mental Health First Aid – First Nations certificates, being among the first in the province to complete that training. Earning Top North Graduate honours, Jeanne Kusch completed the University of Saskatchewan Northern Nursing Program. And Joelle Birkham received the Physiotherapist Clinical Supervisor Award from the Saskatchewan Physiotherapy Association.

2016-17 Health System Priorities

Four-Year Outcomes

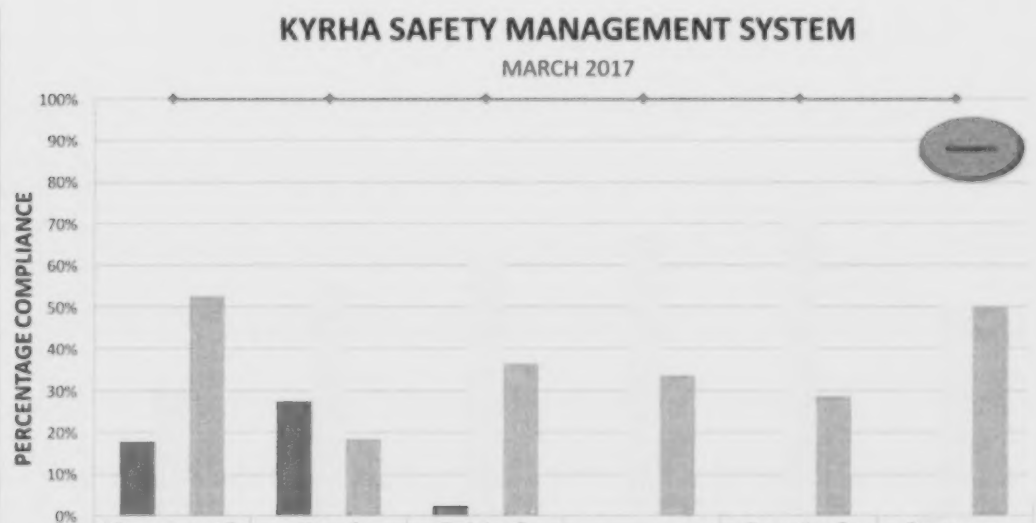
Target: To achieve a culture of safety, by March 31, 2020, there will be no harm to patients or staff.

Safety Management System (SMS)

Improvement Target: By March 31, 2017, all health regions and the Saskatchewan Cancer Agency will implement the Safety Management System.

Result: The health region partially met this target.

Green indicates items/components completed; yellow indicates items in progress while red indicates items/components that will not started be started until March 31, 2017, with full implementation by March 31, 2018.



	Management & Leadership	Hazard Identification	Training & Communication	Inspections	Reporting & Investigation	Emergency Response
Red	18%	27%	2%	0%	0%	0%
Yellow	30%	55%	61%	67%	71%	50%
Green	53%	18%	36%	33%	29%	50%
Target	100%	100%	100%	100%	100%	100%

Progress

Safety Alert System/Stop the Line (SAS/DTL)

Improvement Target: By March 31, 2017, all health regions and the Saskatchewan Cancer Agency will achieve a 100 per cent score on their SA/STL Implementation Assessment.

Result: 80 per cent

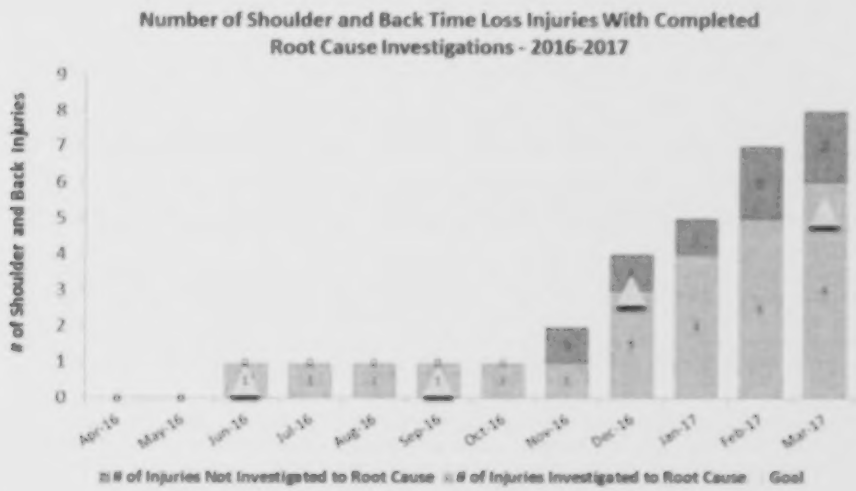
KYRHA continues working toward 100 per cent implementation of Safety Alert System/Stop the Line (SA/STL) elements based on implementation assessment. A plan has been developed and its implementation is in progress. Education and training of all employees is the key focus of this implementation process. SA/STL implementation target for all facilities: March 31, 2018.

Back and Shoulder Injuries

Improvement Target: All Health regions and the Cancer Agency will have investigated incidents of injury involving shoulder and back root cause.

Result: Six of eight injuries were investigated for root cause.

Eight injuries associated to shoulder and back in 2016-17; root-cause analysis was completed for six with two outstanding.



Progress

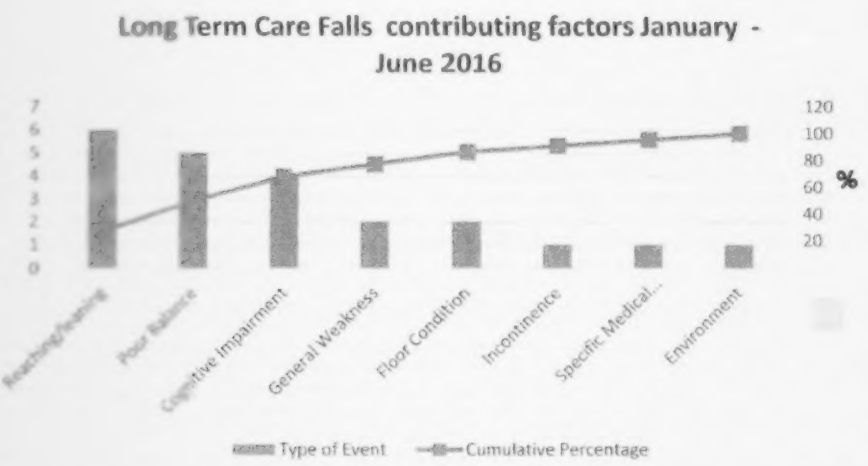
Patient Safety Incidents

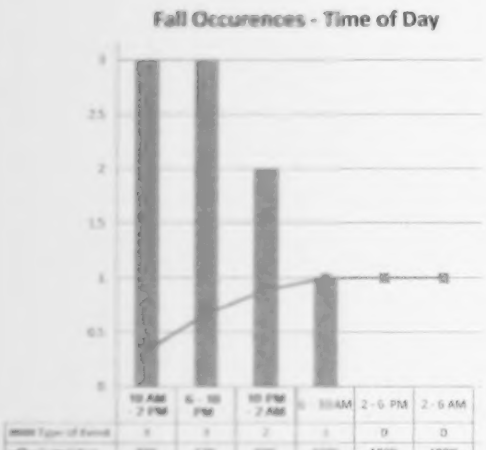
With previous measures instituted to prevent falls and medication errors not producing successful outcomes, the senior leadership team implemented two mistake proofing projects (MPPs) in St. Joseph's Health Centre, Ile a la Crosse, between July and December 2016 in these areas:

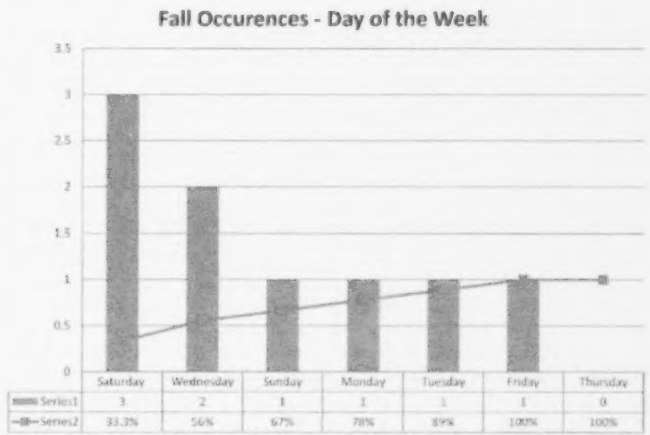
- Eliminate falls, long-term care
- Eliminate wrong dosage of medication, acute care

Mistake Proofing Project 1: Eliminate Falls, Long-Term Care

Pre-improvement data







Progress

Plan-Do-Study-Act (PDSA) cycles

(1) Move daily huddle to shift change to improve communication and staff awareness
Standard work created: Long-term care (LTC) huddle, Ile a la Crosse
Review problems encountered previous shift; discuss situations of note; review daily metrics

(2) Purposeful rounding to address resident's needs – PCC, LPN, CCAs and manager of acute
Work standard created:
All staff are responsible and encourage to take part in purposeful rounding
Use documentation available for public relations – use checklist posted outside resident room

- Write room number and date on form
- Mark on checklist Q for questions asked; O for observation only; S if patient sleeping DO NOT WAKE resident
- Interactions to be completed every half hour

Purposeful Rounding:

SMILE and Interact!

4P's:

- Personal needs
- Positioning
- Pain
- Proximity of personal items

Be Purposeful - Be Positive!

1. **Smile** (introduce yourself, be polite)
2. **Observe** (Is the environment safe? Watch for non-verbal cues regarding toileting and pain, fidgeting, flushed, etc. Are bed rails up and call bells in place)
3. **Ask:** **Wait for the resident to respond to the question(s).**
   How are you?
   Are you having any pain?
   Would you like a drink?
   Are you comfortable?
   Is there anything else you need?
4. **Closing interaction** (relay to resident any anticipated, upcoming happenings)

(3) Reduce defects on ineffective lighting in LTC resident bathrooms

(4) Implement an effective equipment preventive maintenance program
Work standard:

- Visual display
  - Green card: ready for use
  - Red card: out of order, maintenance required
- Equipment Maintenance LTC
  - In the event of equipment malfunction, maintenance staff will fix equipment as soon as reasonably possible to avoid delay of use or care; broken equipment will be removed from the floor as a safety pre-caution
- Equipment maintenance request
- Stocking and placement of bathing baskets in tub room prior to scheduled baths

Progress

Improvements

- Implement daily huddle at shift change 07:30.
- Implement purposeful rounding for all residents.
- Improve lighting in common area and residents' bathrooms.
- Implement an effective preventative maintenance program.
- Implement visual controls to alert management to problems.

Mistake Proofing Project 2: Eliminate Wrong Dosage of Medication, Acute Care

Pre-improvement data

Errors: April to July 11, 2016, Six medication errors

Change introduced

- Repurpose report room to create distraction free environment for transcription, and standard work was created for the transcription process.
- Repurpose another break room for staff to enhance comfort.
- Eliminate phone call distraction by redirecting phone calls not meant for acute care unit
- Reorganize and arrange drugs with different strengths to reduce med errors

Post improvement

Errors: 0 medication errors
Lead time: Medication administration, 1:00:50 to 0:24:31 — 60 per cent decrease
Defect rate: Wrong drug dosage, 6.67 per cent to 0 — 100 per cent decrease

Patient benefit

- Medication error eliminated.

Provider benefit

- Staff morale significantly increased through engagement in improvement efforts and adoption of staff-generated improvement ideas.

Progress

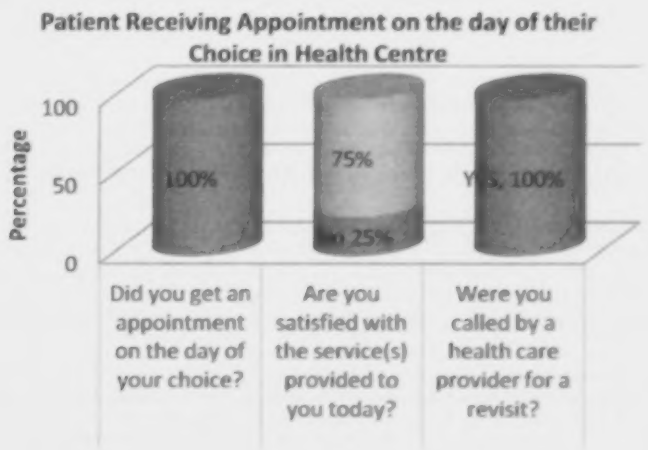
Four-Year Improvement Targets

Patient Receiving Appointment Day of Choice

Improvement Target: By March 31, 2017, there will be a 50 per cent improvement in the number of people who say, "I can access my PHC Team for care on my day of choice either in person, on the phone or via other technology."

Result:

75 to 100 per cent of respondents answered ***"Yes"*** to having obtained services according to their day of choice by phone or by person.


Patient Receiving Appointment on the day of their Choice in Health Centre
Percentage
100
50
0
100%
75%
25%
Did you get an appointment on the day of your choice?
Are you satisfied with the service(s) provided to you today?
Were you called by a health care provider for a revisit?

Best Practice Care

Improvement Target: By March 31, 2017, 45 per cent of patients with four common chronic conditions, including chronic obstructive pulmonary disease, are receiving best practice care as evidenced by completion of provincial templates available through approved electronic medical record (EMR) and the electronic health record viewer (eHR).

Result: Not tracking data as current practice paper based, region not on EMR.

Long-Term Care

New policies and guidelines developed provincially, reviewed and adapted to suit client locally. Long-term care staff provided education on new guidelines. In accordance with guidelines, individual care and activity plans developed for each resident. Family and clients engaged in development of plans. Scheduled purposeful rounding carried out by all staff to ensure client safety. Daily huddles used to promote communication and team work. Related improvement targets as follows:

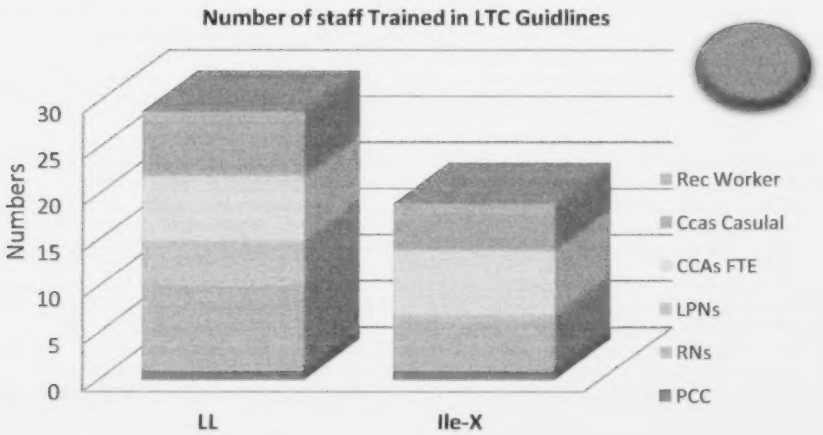
Progress

Staff Training on Program Guidelines

Improvement Target: By March 31, 2017, 100 per cent of long-term care staff are trained on all modules of the Program Guidelines for Special-care Homes.

Result:

100 per cent of La Loche and 71 per cent of Ile a la Crosse staff trained on all guideline modules.

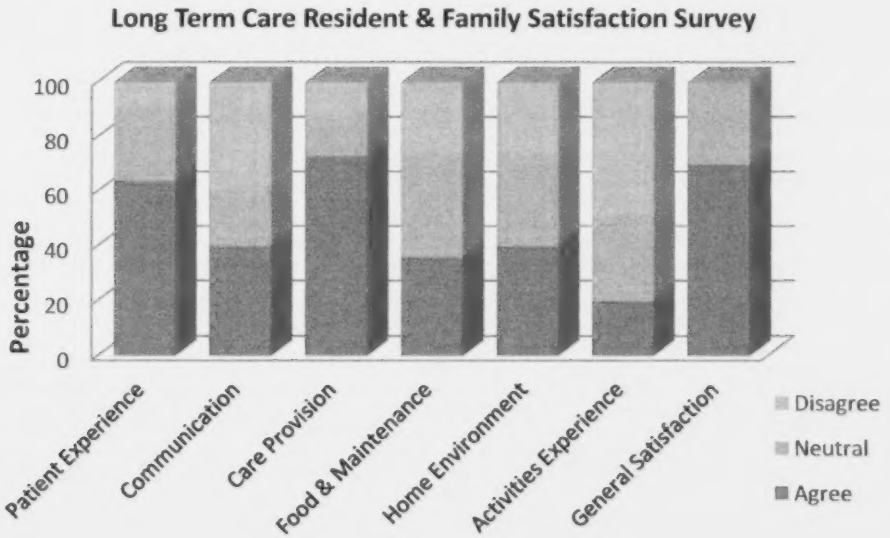


Experience Survey

Improvement Target: By March 31, 2017, finalize long-term care resident and family experience survey and begin implementation to establish baseline.

Result:

One facility completed and submitted survey to the province. Second in progress to complete.

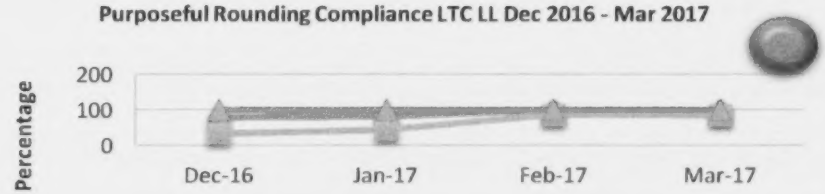


Progress

Purposeful Rounding

Target: By March 31, 2017, long-term care facilities have implemented Purposeful Rounding.

Result:
Utilizing provincial guideline and education materials KY implemented Purposeful Rounding in both facilities. (Compliance metrics monitored on the basis of the schedule.)



	Dec-16	Jan-17	Feb-17	Mar-17
Day	78	82	100	100
Night	33	44	86	85
Target	100	100	100	100

Med Rec at Care Transitions

Target: By March 31, 2017, more than 80 per cent of care transitions where clients are at risk of medication errors will have MedRec performed.

Result: (See chart below)
Most accurate list possible of all medications a patient is taking performed at care transition and discharge and transfer is implemented and audited for compliance.

Progress

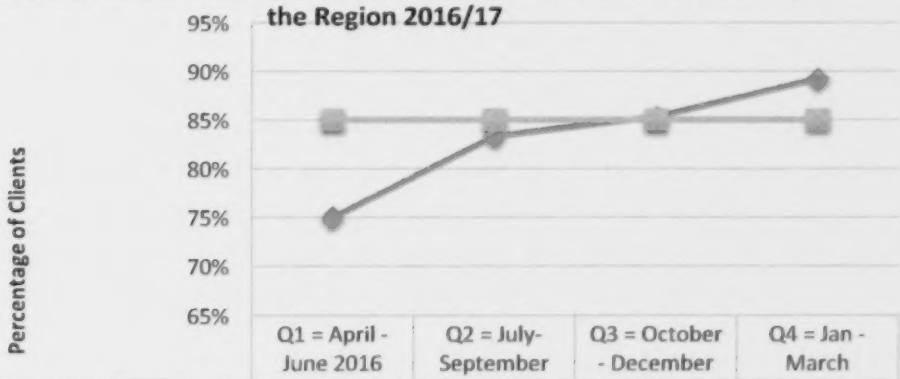
Increasing MAPLe Score 3 to 5 Clients in Community

Target: By March 31, 2017, the percentage of clients with a Method of Assigning Priority Level (MAPLe) Score of three to five living in the community supported by Home Care will increase to 85 per cent.

Result:

Home care services in the region have achieved rates above the provincial target of 85 per cent. MAPLe score is a tool used by health care professionals to prioritize clients' needs and to appropriately allocate home care resources and placement in long-term care facilities.

Percentage of Clients with Maple Score 3-5 Receiving Home Care Services in the Region 2016/17



	Q1 = April - June 2016	Q2 = July-September	Q3 = October - December	Q4 = Jan - March
%age of clients with Maple Score 3-5	75%	83.33%	85.29%	89.18%
Target	85%	85%	85%	85%

Improvement Projects 2016-17

Addressing Sick Time

Issue

Although strategies had been implemented in the past, KYRHA continued to experience excessive sick time use impacting client and staff safety, quality of service, delivery of programs and productivity levels.

Excessive sick time use influenced overtime usage and wage driven premiums (schedule changes that are at overtime rates, third weekend worked at overtime rates, and callbacks for EMS and Primary Care Nurses) and the levels of stress faced by others in the organization left to carry additional workloads. Risks to patient and staff safety existed when the appropriate workforce complement was not in place and, at times, lack of service resulted in patient care being compromised.

Key factors influencing culpable and non-culpable excessive sick time as indicated by root cause analysis:

- Correlation between high regional origin of employees (85 per cent) and significant health disparities of the region.
- Employees and supervisors not fully aware of roles, responsibilities and obligations.
- Union repercussions and challenges in addressing sick time related issues.
- Full scope of programs needed to address and support sick time issues not established.

Action Plan

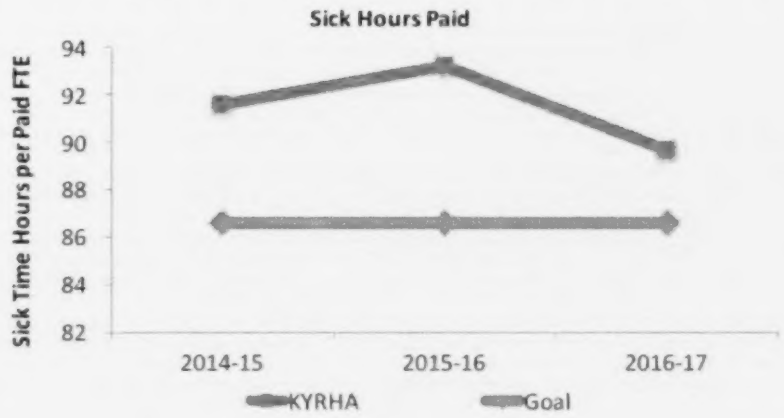
An A3 plan — originally intended as a 90-day improvement project — was developed to improve quality of service, level of productivity, safety, and morale through achieving provincial targets in addressing overall sick time use (culpable and non-culpable):

- To reduce sick time and overtime hours paid per FTE by 7.7 per cent from 2015-16. TARGET – 86.57 hours
- To reduce wage driven premium hours paid per FTE by 39.1 per cent from 2015-16. TARGET – 83.07 hours

Progress

Results

Sick time: 4 per cent over target



Wage driven premiums: 40 per cent over target

Going Forward

- Continue monthly reporting for the Attendance Management Program as well as service line reports on sick and wage driven premium hours.
- Continue educating management and employees about the Attendance Management Program and Sick Call-In Process,
- Use attendance management report data this year to explore the root cause of high sick usage.
- Audit management contact with employees as part of the Sick Call-in Process.
- Continue tracking sick time and wage driven premiums and report on during wall walk in 2017-18.

Progress

Recruitment and Retention

Issue

Recruitment and retention of frontline and management staff is a long-standing challenge for KYRHA. While significant progress has been made hiring qualified professionals from within the health region, employees from outside the area were still required to meet staffing requirements. Geographic location continues to be a contributing factor in our recruitment and retention efforts.

Factors

- Recruitment
  - Need for a comprehensive recruitment strategy (opportunities to plan within health region, communities, RCMP and education).
  - Hiring freeze.
  - Limited human and financial resources available for recruitment efforts, including communication and marketing.
  - Limited housing opportunities.
  - Higher cost of living.
- Retention
  - Limited opportunities for staff (housing, education, training, mentorship), with lack of associated process, procedures, policies and programing to increase these opportunities.
  - Limited employment and educational opportunities for spouse or children.
  - Limited social infrastructure.

Targets

- Fill all vacancies by March 31, 2017.
- Generate program casual pools (two to three replacements in each program requiring 24/7 coverage).
- Increase retention rate percentage by 2 per cent.
- Attended five career fairs and interacted with at least 100 students by June 30, 2017.
- Increase website hits by 20 per cent.
- Engage expert recruitment team in developing policies and standard work as well as for presentation at recruitment events. Recruit team members from the community.

Progress

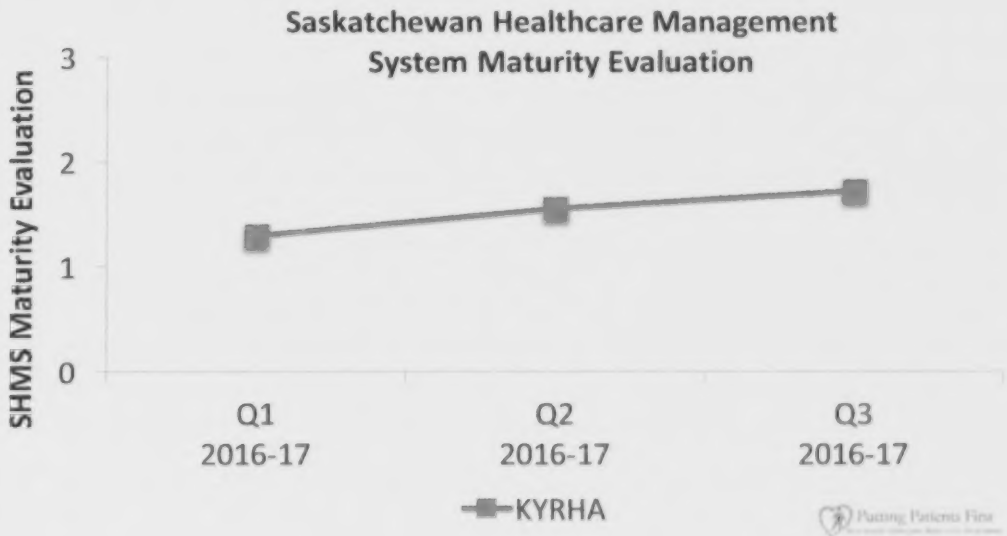
Results

- Vacancies
  - All combined lab and x-ray technician (CLXT) positions filled.
  - Public health position (La Loche, second position), vacant almost 10 years, filled.
  - Suicide prevention coordinator position revived and recruited regionally.
  - Director of mental health and addictions position filled.
  - Director of population health services position filled.
  - Medical clinic staff supported to upskill to clinic assistant qualifications
- Engage expert recruitment team in developing policies and standard work as well as for presentation at recruitment events. Engage team members from the community
- Career fair attendance: 20 per cent of target
  - Attend two nursing career fairs.
  - Recruit one general duty RN for La Loche through onsite event interview.
  - Continue contacting nurses completing talent pool cards at events.
- Work with regional high schools presenting health career information to encourage health careers.
- Communication
  - Improve recruitment communication and marketing through redesign of KYRHA website, increased use of Facebook and creation of Twitter account.
  - Increase website by 20 per cent – 100 per cent of target.
- Four additional staff housing units obtained in La Loche.

Progress

Saskatchewan Healthcare Management System

Saskatchewan Healthcare Management System maturity evaluation was conducted in 2016 and producing a rating of 1.72 at the end of the third quarter as shown in below figure. KYRHA's target is to reach 2.50 by end of 2017-18 fiscal year. The maturity evaluation is a comprehensive self-assessment tool that shows leaders their organization's strengths, weaknesses and improvement opportunities. The tool is used to help focus health organizations on developing and implementing a system that supports and drives action for improvement.



Continuous Improvement 2017-18

A strategic planning and catchball session, held for the first time in La Loche, established two priority areas for continuous improvement work in 2017-18:

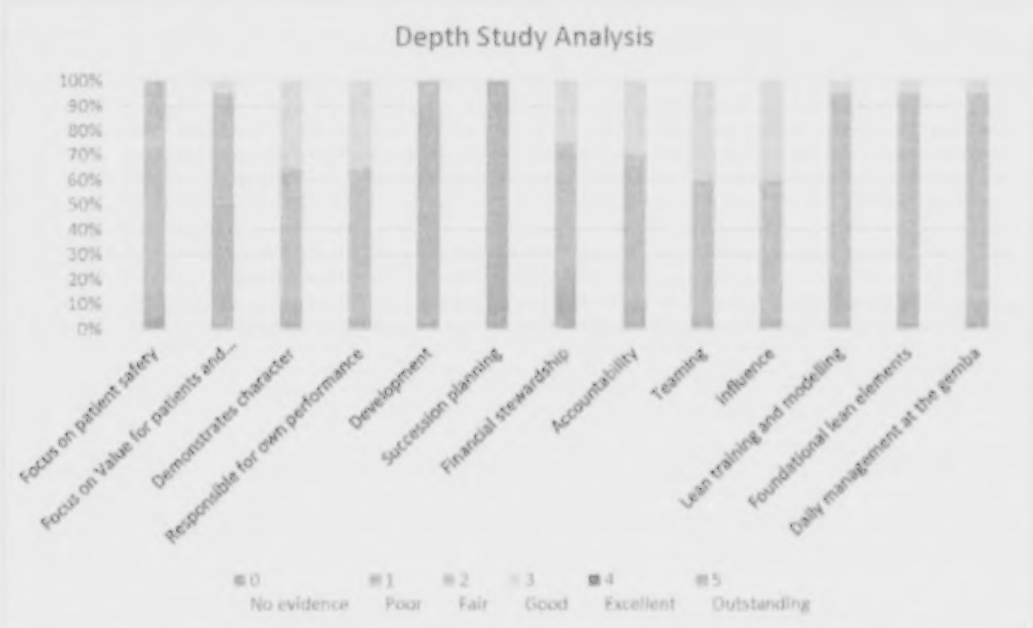
La Loche Health Centre

A3 development began based on data collection from value stream mapping completed by improvement leaders (See Value Stream Mapping page 35). Quality improvement projects will focus on improving client access to services in all areas of care and enhancing community satisfaction with health services provided in La Loche. The intent is to actively involve full participation of staff, patient advocates and other community members to get their input in improving services to the community.

Leadership Development

Quality improvement work for leadership development will focus on inconsistent management practices due to different level of knowledge, experience, and training leads to limited leadership capacity and poor patient outcomes.

A Depth Study Analysis provides baseline data for this work:



Continuous Improvement Activity

An aggressive, multifaceted continuous improvement plan was developed and implemented, which included 5S and rapid process improvement work (RPIW), and was bolstered by successful recruitment of a Director of Quality, Risk and Safety as well as a Quality and Improvement Coach.

5S

More than a Kaizen activity, 5S is foundational to improvement, providing a starting point for change, bringing people together to better understand their work and each other, as well as stabilizing and standardizing processes on which change can be considered and moved forward. From the earliest days of the RHA's involvement in the Saskatchewan Healthcare Management System to present, 5S work accomplished within KYRHA during 2016-17 stands unprecedented in volume and rigour, highlighting the region's desire and growing ability to affect positive change.

Overall benefits achieved through 2016-17 KYRHA 5S work:

- Recovery and return of items and materials to stores or to use in other areas, including removing and preventing the use of out-dated-materials as well as the creation of processes to avoid outdating.
- Recovery and organization of work and storage space to create more room to work and quicker access to needed supplies and tools.
- Creation of standard work and work standards, clarifying and specifying roles and processes to improve flow and eliminate potential for errors.
- Enhancing quality and safety, including securely storing confidential documents to improve privacy and confidentiality as well as removing items and materials from awkward and inappropriate places to prevent patient and staff injuries.
- Most importantly, engaging the people who do the work to improve the work, including signing agreements to take personal responsibility for sustaining improvements made.

5S Projects

1. Medical Records, La Loche (August 2016)
   - Space: 72 to 24.3 sq. ft. — 66 per cent decrease in occupied space.
   - Inventory: 288 useable items sent back to supply stores.
   - Standard work created and implemented:
     - Returning patient charts to filing rack.
   - Quality and safety: Privacy and confidentiality ensured with secure, organized storage of patient files.

Progress

2. KYRHA Regional Office, Buffalo Narrows (August 2016)
   Three departments: Health Services (6 sub-departments), Finance and Infrastructure (4 sub-departments), Corporate Services (5 sub-departments); staff/coffee room; director's offices
   - Space: 772.7 to 312 sq. ft. — 59.6 per cent decrease in occupied space.
   - Standard work created/implemented:
     - Purge WRAs in file cabinet to file room (locking weekly work records).
     - Sign in/out process for access to confidential file room.
     - File purge process for Human Resources competition files.
     - Cleaning confidential file room.
     - Requisitioning supplies.
     - Purchases orders.
     - Storage routine for regional office storage room.
   - Quality and safety: Confidential documents moved to secure storage.

3. Public Health Unit, La Loche (September 2016)
   - Space: 135 to 153 sq. ft. — 13.3 per cent increase in available space.
   - Quality and safety: Enhanced patient experience (cleaner, less cluttered, more appealing); removed items from high shelves.

4. Scheduling, La Loche (August 2016)
   - Space: 160 to 36 sq. ft. — 78 per cent decrease in occupied space.
   - Inventory:
     - Time sheets: 3,000 to 48 — 98 per cent reduction.
     - Old schedules: 480 to 0 — 100 per cent reduction.
   - Quality and safety: Removal of outdated information that caused scheduling errors.

5. Housekeeping Storage Room, La Loche (August 2016)
   - Space: 90 to 67.5 sq. ft. — 25 per cent decrease in occupied space.
   - Inventory: 549 to 423 — 23 per cent decrease.
   - Quality and safety: No overstocking of storage area, easy access to items, tools and equipment promoting safety for housekeepers.

6. Kaizen Promotion Office, Buffalo Narrows (December 2016)
   - Space: 50 to 32.4 sq. ft. — 35 per cent decrease in occupied space.
   - Cycle time: 0:14:00 to 0:12:42 — 71 per cent decrease in time to prepare 5S kit.

Progress

7. Organizational Wellness Consultant Office. Buffalo Narrows (December 2016)
   - Space: 28.7 to 20.7 sq. ft. — 27 per cent decrease in occupied space.
   - Quality and Safety: Heavy items stored at appropriate level to avoid injuries.

8. Addiction Office, Buffalo Narrows Clinic (December 2016)

9. Ambulance Bay, Joseph's Health Centre, Ile a la Crosse (December 2016)
   - Inventory:
     - Medical supplies: 450 to 241 — 46 per cent decrease.
     - Tools: 40 to 11 — 73 per cent decrease.
     - Stretchers: 3 to 2 — 33 per cent decrease.
   - Walking distance: 89 to 12 steps — 87 per cent decrease.

10. Associate Director of HR's Office, Buffalo Narrows (December 2016)
    - Space: 15.5 to 5.3 sq. ft. — 65.8 per cent decrease in occupied space.
    - Inventory: 3,000 to 1,500 documents — 50 per cent decrease.
    - Standard work created/implemented:
      - Filing documents end of work day.
      - Authorization of work done by payroll.
    - Quality and safety: Reduce delays in responding to submitted requests.

11. KPO and Lean tools for Managers Electronic Folders (December 2016)
    - Space: 2.86 to 1.78 GB — 37.8 per cent in occupied digital space.
    - Inventory:
      - File: 1802 to 1337 – 26 per cent decrease / Folders 263 to 186 – 29 per cent decrease.
    - Standard work created/implemented:
      - Access files and folder on KYRHA shared drive.
    - Quality and safety: Reduce filing errors time searching for files.

Progress

12. Public Health Unit, Buffalo Narrows Clinic (December 2016)
    - Space: 85.3 to 106.7 sq. ft. — 25 per cent increase in available space.
    - Inventory: 61 to 35 binders — 38 per cent decrease.
    - Standard work created/implemented:
        - Vaccine fridge temperature monitoring.
        - Management of cold chain.
        - Receiving vaccine shipments.
        - Needle exchange.
    - Quality and safety: Organized, clean, patient-friendly work areas enhanced workflow and safety

13. Human Resources-Payroll Electronic Shared Folder (December 2016)
    - Space: 1.16 to 1.03 GB — 11 per cent decrease in occupied digital space.
    - Inventory:
        - Files: 11,969 to 10,923 — 9 per cent decrease.
        - Folders: 772 to 765 — 1 per cent decrease.
    - Clicks to folder: 6 to 3 — 50 per cent decrease.
    - Cycle time: 00:58 to 00:26 — 55 per cent decrease in time to access HR-Payroll folder.

14. New Shed, Buffalo Narrows (December 2016)
    - Space: 31.3 to 74.5 sq. ft. — 138 per cent increase in available space.
    - Inventory: 440 to 262 items — 40.5 per cent decrease.
    - Quality and safety: Safe, better organized storage.

Progress

RPIW

Eliminating Defects in Terminal Cleaning, Acute Care, La Loche Health Centre, La Loche (Report Out, November 2016)

New cleaning system implemented, March 2016, to enhance infection control and prevent harm to patients and residents.

Summary

- Implemented an effective communication process to identify room ready for cleaning and to the completion of terminal cleaning.
- Installed a functional inventory management restocking system in the acute care supply room.
- Introduced a work standard for replenishing carts for next day use.
- Implemented defects analysis structure to assess effectiveness of work done in RPIW.

Results

- Space: 29.1 to 14.6 sq. ft. — 50 per cent decrease in occupied shelf space in acute care supply room.
- Inventory: 32 to 22 items — 31 per cent decrease the number of unique items on supply shelves.
- Work standards:
    - Maintenance of the acute care supply room (use of inventory control cards for restocking and ordering supplies).
    - Communication board
        - Patient discharged: nurse puts red magnet on board meaning room needs to be cleaned.
        - Patient admitted: nurse puts orange magnet beside room number indicating patient currently in room or bed.
        - Room ready: environmental service worker puts green magnet when room is cleaned.
- Standard work
    - Cleaning cart stocking.
    - Removing solid linen and replenishing clean supply.
- Lead time: 1:53:49 to 1:05:36 — 40 per cent decrease in lead time for terminal cleaning process.
- Quality and safety: number of defects per day, 3 to 0 — 100 per cent decrease in rooms showing spots (revealed by black light).

Progress

Value Stream Mapping (VSM)

- Value stream mapping at the La Loche Health Centre:
  - Medical clinic patient flow.
  - Community Mental Health and Addiction Services access
  - Lab and x-ray services
  - Patient flow in emergency by Canadian Triage Assessment Score.
  - Long-term care tub bath process
  - Laundry services
  - Meal tray preparation in dietary
  - Patient provider leave request
  - Cleaning process
  - Travel arrangement process
- Process mapping by Community Development to investigate program no shows.
- Value stream mapping at the Buffalo Narrows Public Health Clinic to investigate appointments and patient flow.
- Value stream mapping at St. Joseph's Health Centre to study discharge data entry process.

Daily Visual Management (DVM)

- Daily visual management training for out-of-scope and in-scope supervisors.
- Report out on progress; presentations assessed with feedback for making improvements.
- Work continued to improve the senior leadership team visibility wall, while significant. progress made on Corporate Services wall on measures/metrics, standard work and schedule.

Huddles

- Director of Mental Health and Addiction Services and the Director of Community Development and Health Promotion promoted huddle development, engaging staff in huddle use and developing One Note as a huddle tool.
- Cascading huddles began to work well to address daily and emergent operational issues in a timely manner. Continuous improvement in staff engagement for managers and directors.

Lean Learning

"Learning and doing" through Lean Improvement Leaders Training (LILT) increased quality improvement knowledge and skill levels while helping to achieve organizational strategic goals. Many small, strategically focused projects were successful in ways that larger projects had not previously been.

Kaizen Basics

- Plan developed to train 100 per cent of KYRHA staff in Kaizen Basics by March 31, 2017
- Five candidates successfully completed Kaizen Basics Train the Trainer; target to train 12 trainers.
- By March 31, 2017, 178 of 222 (70 per cent) active staff identified for Kaizen Basics had completed training.
- Recruitment and staffing issues created course attendance challenges.

Lean Leadership Training

- Successful completion of two mistake proofing projects raised the number of KYRHA certified Lean leaders to six.
- The first module of LILT began in November, 2016 with 14 participants
- Current state value stream maps were completed through LILT (10 in La Loche) supporting the 2017-18 improvement project and strategic direction
- Only five of the original cohort remained in the program at the end of March, 2016
- KYRHA supported two participants in the Saskatchewan Leadership Program

Quarterly Review

- First KYRHA Quarterly Review was held October 13, 2016. Assessment at that time for organizational maturity, the region achieved an initial score of 1.29. (Within three months that scored increased to 1.55.)

Going Forward 2017-18

- Use of quality improvement management philosophy, principles and tools for daily improvement will significantly contribute to addressing quality and safety issues. Monitoring will be needed to ensure change is sustained
- Continue to seek Provincial network opportunities to support quality improvement work
- Continue implementation of daily visual management
- Promote engagement of staff, supervisors and managers during improvement processes (RPIWs, VSM, MPP)
- Make incident data available in a timely manner and provide department specific data available for DVM
- In La Loche, in collaboration with SASWHA, continue implementing a workplace violence prevention prototype program for the province
- Continue to support staff, supervisor and manager safety training initiatives
- Endorse the Patient Family Centered Care concept to ensure the patient comes first
- Develop work standards as a guide to roles and responsibilities for sustaining action plans
- Revised general orientation safety presentation now includes information on SA-STL concept and aboriginal cultural safety
- Continuous monitoring of safety metrics.

Other Progress

Beauval Clinic Replacement

Leadership and staff met with citizens and government officials for feedback on a replacement solution for the aging Beauval Clinic. Two options came forward:

- Request addition/modifications to the current facility by the owner
- Begin a plan for a new building

KYRHA worked with Central Services to move forward with the replacement of the facilities at Beauval and to identify an architect to do the layout.

Central Vehicle Agency (CVA) Vehicles

The region's fleet of aging vehicles was replaced with 2016 Dodge Caravans. This increased safety for staff travelling to provide services across the RHA. Before and after vehicle use work standards were developed and training provided to ensure appropriate use and further enhance staff safety.

Progress

Community Development and Health Promotion

A Community Development and Health Promotion (CDHP) process improvement plan was completed. Improvement ideas were trialed by the CDHP team. Health Promotion managers and community outreach and education workers (COEWs) used the daily huddles to discuss activities and support community programs. The department focused on inter-agency collaboration and coordination to enhance and empower communities to self-manage issues and concerns.

Community Meeting – La Loche

Group meetings kept stakeholders informed of issues and engaged in collaboration on solutions. Participants include KYRHA management, physicians, community officials, the Ministries of Health and Justice, Northern Lights School Division, and Sask Housing. A number of La Loche Health Centre concerns were discussed with the following outcomes:

- Facility security system: security guard, swipe cards, cameras, panic buttons
- Approval of new x-ray unit
- Temporary housing issues for employees hired from outside region

Emergency Preparedness Plan (EPP)

Work continued with communities updating the Emergency Preparedness Plan. Facility fire drills were held and a new fire drill report tested. An Emergency Operations Centre (EOC) was opened twice through the year to monitor forest fire smoke conditions (May 2016) and a water shut off in Ile a la Crosse (October 2016).

Emergency Medical Services - Revenue

Efforts were made to recover aging EMS accounts receivable, including a communication blitz to educate residents on the benefits of the service and why they should pay their bills. Additional revenue was generated as delinquent bills began to be paid.

Housing

As the fiscal year ended, KYRHA signed a lease agreement with the Village of La Loche (Methy Construction) to provide four units for 12 to 18 months while discussion continued with Saskatchewan Housing Corporation on a proposal to build a new 12-unit housing complex. A two-bed apartment was also secured in Beauval for transient staff housing.

Progress

Human Resources

Human Resources (HR) reorganization began with completion of HR job descriptions reflective of the new structure and submission to the Saskatchewan Association of Health Organizations for review. Meetings were held with HR staff to review old job descriptions and offer input on new descriptions prior to submission.

Infrastructure

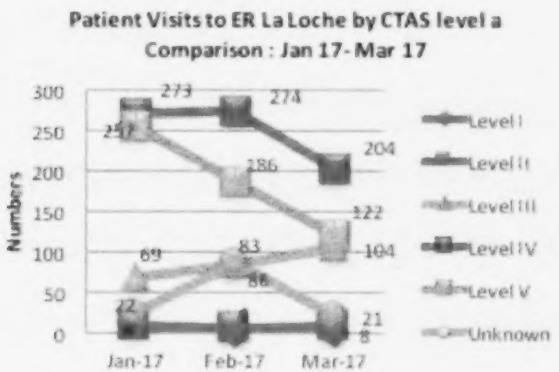
Major roof repair was under taken at the St. Joseph's Health Centre, Ile a la Crosse ($27,300) and the La Loche Health Centre ($13,650) will prevent damage to building interiors.

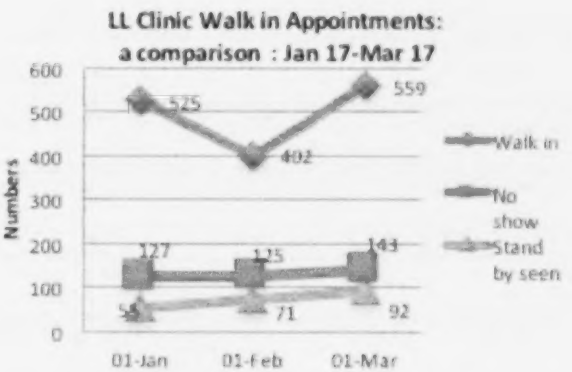
Lab and X-ray Services

While lab and X-ray services were disrupted on occasion by staff shortages and equipment issues, services were maintained with the assistance of contracted employees from other Saskatchewan health regions. New equipment was sourced and funds approved by the board for replacement of the region's x-ray equipment.

Medical Clinic – La Loche

Afternoon walk-in appointments and telephone appointment booking were introduced to improve clinic access. A modest trend was observed from January through March 2017 with an increase in patients being seen at the walk-in clinic (67 per cent, 71 per cent, 73 per cent), with a corresponding decrease in Canadian Triage and Acuity Scale level 4 and 5 patients presenting in emergency (84 per cent, 73 per cent, 71 per cent).





Progress

Mental Health and Addictions Services

Evaluation of services

A region-wide evaluation was undertaken of Mental Health and Addiction Services (MHAS), benefits to the population and capacity of professionals providing services. The evaluation proposed 22 recommendations, with eight prioritized, action plans developed and implemented by March 31, 2017, including:

- MHAS staff enrolled in the Canadian Addiction Counsellor Certification Federation (CACCF) to enhance professional accountability. Those qualifying were encouraged to apply for Canadian Certified Addiction Counsellor (CCAC) certification before year end
- MHAS practice standards and competencies established
- Programs implemented for family healing unit patients with detoxification treatment
- Suicide prevention strategy implemented with community and interagency participation
- Two MHAS staff were part of the first cohort of pupils to complete Mental Health First Aid – First Nations training in Saskatchewan. The First Nations context of the training will help staff overcome barriers and treat clients in a more culturally sensitive way — especially when assisting individuals with inter-generational trauma resulting from the residential school system.
- Interagency and community partnerships building. The following meetings were held:
    - Beauval community Meeting – "Taking back" community; how KYRA can support.
    - Ile-a-la Crosse community meeting — Partnering to develop community based initiatives, -- how health region can help community realize potential.
    - La Loche community meeting — Met with the mayor and village administrator to explore development of information sharing and other communication tools.
    - Patuanak Mental Health — Began conversations on supporting community initiatives.
    - La Loche Friendship Centre: Working together in the development of programming and finding ways to work collaboratively.
    - Northern Lights School Division: Partner with school division and Friendship Centre to continue counselling services over the summer months.
    - Gabriel Dumont Institute La Loche — Delivered Assist Program as part of curriculum for personal development programming.

Status of children exposed to violence

With over a quarter (27 per cent) of the region's population aged 15 years and younger, KYRHA embarked on a region-wide review of the status of children exposed to violence in partnership with Ministry of Justice. The Strength of our Family (SOOF) program emerged from this review, with a pilot project was implemented in 2016. The program was implemented in collaboration with other community agencies and with the participation of the community.

Progress

Community mental health nurse

Based out of the Friendship Centre in La Loche, a new Community Mental Health Nurse was hired and began orientation by reaching out to the community. She met with La Loche Health Centre doctors and nurses, RCMP, Clearwater River Dene First Nation, Probation, Parole and Social Services, Friendship Centre staff and local schools to, in her words, "establish what my role will look like and how I will be involved/support the other agencies in town".

Suicide Prevention Worker

The addition of a Suicide Prevention worker (also working out of the Friendship Centre) complemented the Community Mental Health Nurse enhancing the utilization of mental health services in the community.

Learnings

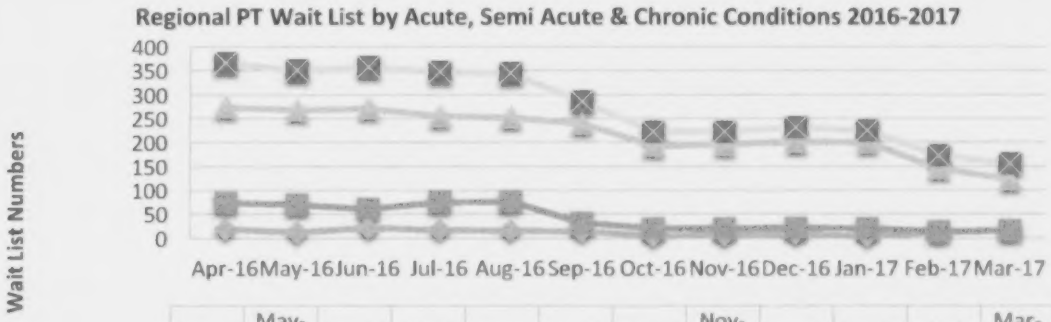
Following the January 2016 tragedy, the region identified ways to enhance its mental health and addictions services. Patients and families in KYRHA will benefit from:

- Outreach workers trained in suicide prevention, to make referrals to appropriate specialist services.
- A crisis team for the region.
- Training all mental health and addiction counselors in trauma management/Critical Incident Stress Management.
- A social worker or administrative staff in ER for regular work as well as during crisis to handle influx of community members (assisted by security staff) and to mobilize crisis intervention team and initiative debrief
- A mental health outreach worker to liaise between the community and health centre staff in attending to the mental health and other social needs of the community
- Community support groups and training in Applied Suicide Intervention Skills Training, empowering them to care for crisis in the community

Progress

Physiotherapy Waitlist

April 2016 waitlist for physiotherapy across the region was comprised of 366 clients — approximately three per cent of the regional population. The addition of a third physiotherapist reduced the waitlist to 156 by March 2017.



	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
WL Acute	19	12	21	17	16	14	5	6	9	4	12	17
WL Semi Acute	74	70	61	75	76	32	20	20	21	20	14	16
WL Chronic	273	268	271	255	252	239	193	196	201	200	146	123
WL Total	366	350	357	347	344	285	222	222	231	224	172	156

Technology (Information and medical) Improvements

- **Electronic Medical Record (EMR)**
  Initial meetings occurred along with an assessment to determine an implementation plan. As current electronic registration system is not integrated into the available Electronic Medical Records System, it will not solve the issue of separate registration areas for the medical clinic and the acute care in Ile a la Crosse. A data sharing agreement between Northern Medical Service (NMS) and KYRHA is required to resolve this issue.
- **Internet Work Order System**
  KYRHA signed an agreement to implement an electronic maintenance work order system starting with the La Loche and Ile a la Crosse facilities.
- **Network Upgrade**
  KYRHA systems upgraded to Windows 7. Uninterruptible power supplies (UPSs) were also upgraded for network and telephone equipment.

Progress

- **Remote Presence Technology**
  Alternative access to care is available at the La Loche Health Centre through remote presence technology. The "robot" enables remote consultation with pediatric specialists in Saskatoon for real-time assessments, diagnostics and patient management.
- **Security System – La Loche**
  Technical design completed for installation of a security camera/swipe card access system for the La Loche Health Centre. Not having in-house capacity to complete, KYRHA is waiting on an external resource (PNRHA) for system implementation.
- **Smart Pumps**
  Smart pump infusion devices were fully implemented in four locations: Beauval, La Loche, Buffalo Narrows and Ile a la Crosse. Implementation was a cross-functional team success: Project lead, CDHP Director; clinical support, nurse educator; super user and trainer, Ile a la Crosse PCC; IT support, IT coordinator in collaboration with Prairie North RHA; smart pump procurement and calibration, materials manager; biomed support, Saskatoon Health Region.
- **Wi-Fi**
  Available for some time at St. Joseph's Health Centre, Ile a la Crosse, public Wi-Fi was installed at the La Loche Health Centre with assistance from the province, eHealth and the Prairie North RHA.
- **X-ray Replacement**
  Following a planning process and selection of a preferred bidder, in March 2017 the Board made funds available for the purchase of two mobile x-ray units for Ile a la Crosse and La Loche. Given the frequency of power outages in the north, the acquisition of portable units will allow uninterrupted use.

Another measure of progress: Accreditation

Progress on Required Organization Practices (ROPs) and other Accreditation Canada standards will be measured in 2017-18 with a scheduled site visit (June 19-23, 2017). Viewed as a tool for continuous quality improvement, Accreditation was a forward focus throughout 2016-17. The Safety Committee met to review the status of ROPs and to create action plans — with target dates — to engage and empower staff to enhance competencies required to ensure compliance. Quality improvement teams worked to complete respective self-assessment questionnaires. And preparatory discussions were held with Accreditation Canada to organize the visit as well as a tracer training. Accreditation progress was reported to the senior leadership team on a weekly basis.

Progress Required

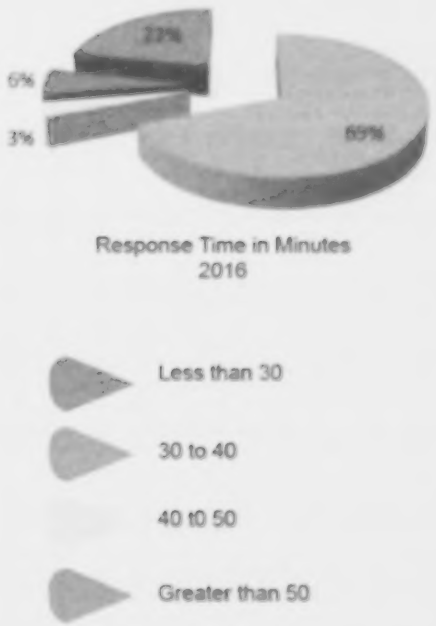
Call backs – Buffalo Narrows Clinic

Call backs and wage driven premiums might be reduced by extending clinic hours until 8:30 pm.

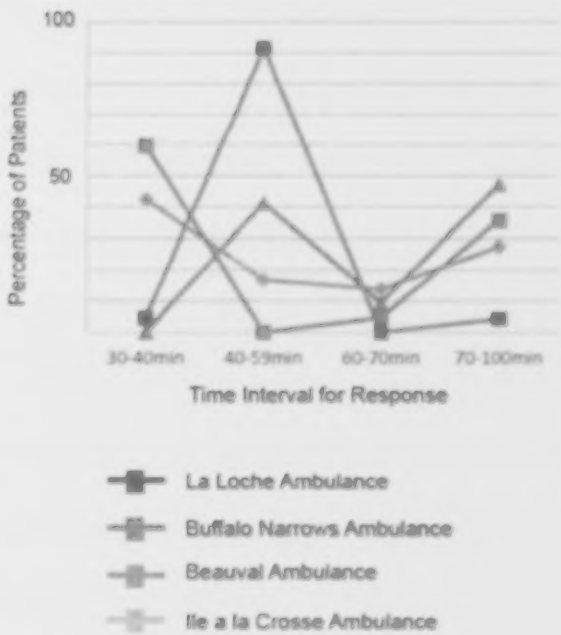
Emergency Medical Services (EMS)

Staffing shortages (limited supply of casuals, regular employees sick or disabled) were an obstacle for EMS, resulting in service disruptions (Buffalo Narrows and Beauval most often) and system strain as remaining active units covered larger areas. Revival of the First Responder Program, ensuring an adequate supply of first responders in each community, was noted as a possible means of addressing the situation.

Overall KYRHA Response Time



Response Time by Location



Target response times for each community have yet to be established

A new La Loche ambulance bolstered fleet reliability. Maintaining a vehicle maintenance schedule is difficult in the north due to terrain, road conditions and distances between communities served.

Progress

Medical Records - Management (La Loche)

Filing and record keeping, as well as organizing and managing referrals is an issue that needs resolution before KYRHA can implement electronic medical record (EMR). A plan was put forward to establish a health information management committee, standards and standard work for the processes of maintaining record and ensuring privacy and confidentiality of patient information.

Negative Pressure Rooms

An assessment revealed work was required on negative pressure rooms at St. Joseph's Health Centre, Ile a la Crosse, and the La Loche Health Centre.

Staffing

While some gains were made, and targeted corrective actions undertaken (see pg. 26-27), staffing remained an issue. Staffing areas of concern throughout the fiscal year included:

- Clerical staff:
  Medical Clinics - La Loche, Buffalo Narrows
  Community Services - La Loche
- Nursing and Lab / X-ray (CLXT) - La Loche
- Nurse practitioner – Buffalo Narrows
- Public Health nurse – Beauval (Filled September 2016)
- EMS – Beauval and Buffalo Narrows
- Regional nurse educator (Filled October 2016)

Technology

- **Telephone Systems**
  Telephone systems in KYRHA Regional Office in Buffalo Narrows, St. Joseph's Health Centre in Ile a la Crosse, and the La Loche Health Centre are end-of-life and no longer supported by SaskTel. SaskTel has done an assessment of the Ile a la Crosse system for replacement and system surveys have been completed.

Training

Numerous training courses were scheduled and then cancelled due to a lack of enrollment and/or last minute dropouts due to staff shortages (no replacement available). A lack of trainers also slowed progress on respiratory equipment fit testing. With the hiring of a nurse educator and the training of staff for Respiratory Fit Testing, training efforts improved as the year progressed.

KEEWATIN YATTHE
REGIONAL HEALTH AUTHORITY

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FINANCIAL INFORMATION 2016-17

Report of Management

May 27, 2017

Keewatin Yatthé Regional Health Authority

Report of Management

The accompanying financial statements are the responsibility of management and are approved by the Keewatin Yatthé Regional Health Authority. The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity include amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the region's assets are safeguarded and the financial records are relevant and reliable.

The Authority is responsible for reviewing the financial statements and overseeing management's performance in financial reporting. The Authority meets with management and the external auditors to discuss and review financial matters. The Authority approves the financial statements and the annual report.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Finance/Audit Committee. The auditor's report expresses an opinion on the fairness of the financial statements prepared by management.

Jean-Marc Desmeules
Chief Executive Officer

Edward Harding
Executive Director
of Finance and Infrastructure

2016-17 Financial Review

The accounts of Keewatin Yatthé Regional Health Authority (KYRHA) are maintained in accordance with the restricted fund method of accounting for revenues. Consequently, you will see an "operating fund" and a "capital fund" in these statements. The operating fund records the revenue received and the expenses incurred to provide daily health care services to the residents of the region. The capital fund records revenue received to purchase equipment/infrastructure and the expenses relating to the cost of equipment and infrastructure used in the delivery of health care services.

Operating Fund

KYRHA ended the fiscal year with a deficit of $775,345 in its operating fund as noted on Statement 2 of the financial statements.

As of March 2017, the operating fund has a working capital surplus of $43,355. The 2016-17 deficit has seriously depleted our working capital surplus of $802,900 from March 2016. The working capital ratio is an indication of an organization's ability to pay its financial obligations in a timely manner. This indicator is calculated as "current assets" less "current liabilities" in the operating fund as per the Statement of Financial Position (Statement 1) in the audited financial statements.

Revenue

As noted on Statement 2, actual operating fund revenues totaled $29.966 million, of which Ministry of Health funding accounted for $27.643 million or ninety two per cent (92%) of the region's total funding.

Expenditures

As noted on Statement 2, actual operating fund expenses for 2016-17 were $30.741 million, which equates to spending $84,222 per day to deliver health care services within our region. The $30.741 million in operating expenses represents a 5.4 per cent increase over 2015-16 actual operating expenses. When compared to the 2016-17 budget, actual expenses came in over budget by $743,251.

The delivery of health care is very labour intensive. Of the $30.741 million spent, eighty one per cent (81%) relates to salaries and benefits paid to employees. Essentially, the 2016-17 deficit relates to being over budget in salaries for the following reasons:

- Marginal increases in sick leave and wage driven premiums costs when compared to the 2015-16 fiscal year.
- Staffing shortages as it relates to Inpatient and Diagnostic Imaging programs within the region.

During the fiscal year, KYHRA made payments totaling $376,129 to health care organization located within our region to provide services to our residents as follows:

- Meadow Lake Tribal Council.....$291,317
- Ile a la Crosse Friendship Centre..... $84,812

2016-17 Financial Review

Capital Fund

KYRHA ended the fiscal year with a deficit of $635,118 in its capital fund as noted on Statement 2 of the financial statements. Actual revenue totaled $580,350. The expenses of $1,215,468 represent the allocation of capital assets' cost over their estimated useful life.

The region spent $281,303 for equipment and infrastructure purchases in the 2016-17 fiscal year as noted on Statement 4 of the financial statements. The sources for funding these purchases can be found on Schedule 3 and Schedule 4 of the financial statements.

Other

KYRHA holds special purpose funds that are classified as "deferred funds". These funds are held for specific purposes and can only be drawn down when those conditions are met. As of March 31, 2017, deferred funds totaled $246,628. These deferred funds are listed in Note 5 of the financial statements.

The Wholistic Health of Keewatin Yatthé Health Region Residents

Keewatin Yatthé Regional Health Authority

Financial Statements 2016 - 17

Management's Responsibility

To the Saskatchewan Ministry of Health:

Management is responsible for the preparation and presentation of the accompanying financial statements, including responsibility for significant accounting judgments and estimates in accordance with Canadian public sector accounting standards for government not-for-profit organizations and ensuring that all information in the annual report is consistent with the statements. This responsibility includes selecting appropriate accounting principles and methods, and making decisions affecting the measurement of transactions in which objective judgment is required.

In discharging its responsibilities for the integrity and fairness of the financial statements, management designs and maintains the necessary accounting systems and related internal controls to provide reasonable assurance that transactions are authorized, assets are safeguarded and financial records are properly maintained to provide reliable information for the preparation of financial statements.

The Board of Directors is composed entirely of Directors who are neither management nor employees of the Regional Health Authority. The Board is responsible for overseeing management in the performance of its financial reporting responsibilities, and for approving the financial information included in the annual report. The Board fulfils these responsibilities by reviewing the financial information prepared by management and discussing relevant matters with management and external auditors. The Board is also responsible for the appointment of the Regional Health Authority's external auditors.

MNP LLP is appointed by the Board of Directors to audit the financial statements and report directly to them; their report follows. The external auditors have full and free access to, and meet periodically and separately with, both the Board and management to discuss their audit findings.

May 30, 2017

Chief Executive Officer

Executive Director of
Finance and Infrastructure

Independent Auditors' Report

To the Board of Directors of Keewatin Yatthe' Regional Health Authority:

We have audited the accompanying financial statements of Keewatin Yatthe' Regional Health Authority, which comprise the statement of financial position as at March 31, 2017 and the statements of operations, changes in fund balances, and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements
Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian Public Sector Accounting Standards for government not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility
Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall financial statement presentation.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion
In our opinion, the financial statements present fairly, in all material respects, the financial position of Keewatin Yatthe' Regional Health Authority as at March 31, 2017 and the results of its operations, changes in fund balances and its cash flows for the year then ended in accordance with Canadian Public Sector Accounting Standards for government not-for-profit organizations.

Prince Albert, Saskatchewan

May 30, 2017

MNP LLP

Chartered Professional Accountants

101 - 1061 Central Avenue, Prince Albert, Saskatchewan, S6V 4V4, Phone: (306) 764-6873, (855) 667-3310

MNP

Keewatin Yatthé Regional Health Authority

Statement 1

Statement of Financial Position
For the Year Ended March 31, 2017

	Operating Fund	Restricted Capital Fund	Total March 31, 2017	Total March 31, 2016
ASSETS				
Current assets				
Cash and short-term investments (Note 7, Schedule 2)	$ 2,486,454	$ 2,321,745	$ 4,808,199	$ 6,029,158
Accounts receivable:				
Ministry of Health - General Revenue Fund	-	-	-	65,818
Other	790,564	168	790,732	448,924
Inventory	308,265	-	308,265	264,703
Prepaid expenses	215,750	-	215,750	126,340
	3,801,033	2,321,913	6,122,946	6,934,943
Investments (Schedule 2)	10,000	1,089	11,089	11,089
Capital assets (Note 3)	-	19,350,182	19,350,182	20,284,347
Total Assets	$ 3,811,033	$ 21,673,184	$ 25,484,217	$ 27,230,379
LIABILITIES & FUND BALANCES				
Current liabilities				
Accounts payable	$ 1,055,855	$ -	$ 1,055,855	$ 1,561,908
Accrued salaries	816,024	-	816,024	735,345
Vacation payable	1,639,170	-	1,639,170	1,489,541
Deferred Revenue (Note 5)	246,628	-	246,628	322,383
	3,757,678	-	3,757,678	4,109,177
Long term liabilities				
Employee future benefits (Note 9.c)	828,700	-	828,700	812,900
Total Liabilities	4,586,378	-	4,586,378	4,922,077
Fund Balances:				
Invested in capital assets	-	19,350,182	19,350,182	20,284,347
Externally restricted (Schedule 3)	-	1,209,794	1,209,794	672,108
Internally restricted (Schedule 4)	-	1,113,208	1,113,208	1,351,847
Unrestricted	(775,345)	-	(775,345)	-
Fund balances – (Statement 3)	(775,345)	21,673,184	20,897,839	22,308,302
Total Liabilities & Fund Balances	$ 3,811,033	$ 21,673,184	$ 25,484,217	$ 27,230,379

Contractual Obligations (Note 4)
Pension Plan (Note 9.a)

Approved by the Board of Directors:

The accompanying notes and schedules are part of these financial statements.

Keewatin Yatthé Regional Health Authority

Statement 2

Statement of Operations
For the Year Ended March 31, 2017

	Operating Fund			Restricted Capital Fund		
	Budget 2017 (Note 10)	2017	2016	Budget 2017	2017	2016
REVENUES						
Ministry of Health - general	$ 27,559,090	$ 27,642,736	$ 27,475,484	$ 580,000	$ 580,000	$ 503,281
Other provincial	638,933	471,136	569,686	-		-
Federal government	85,000	85,000	85,000	-		-
Patient & client fees	1,267,700	1,262,579	1,276,002	-		-
Out of province (reciprocal)	6,000	-	810	-		-
Donations	-	-	60			390
Investment	55,000	54,466	55,020	-		-
Recoveries	57,500	60,707	52,811	-		-
Other	328,580	389,085	88,171	500	350	8,064
Total revenues	29,997,803	29,965,709	29,603,044	580,500	580,350	511,735
EXPENSES						
Inpatient & resident services						
Nursing Administration	293,071	308,087	241,585	252	252	278
Acute	5,013,018	5,403,864	5,167,091	66,689	65,727	76,387
Supportive	2,106,636	2,256,070	2,480,568	29,592	30,903	31,518
Total inpatient & resident services	7,412,725	7,968,021	7,889,244	96,533	96,882	108,183
Physician compensation	37,500	35,401	36,986	-		-
Diagnostic & therapeutic services	2,336,789	2,404,147	2,179,378	62,688	62,786	65,683
Community health services						
Primary health care	2,395,732	2,756,642	2,712,707	10,920	9,345	10,734
Home care	1,426,925	1,442,704	1,393,435	333	67	67
Mental health & addictions	2,733,743	2,652,402	2,539,564	708	740	731
Population health	3,397,812	3,079,154	2,807,494	28,040	28,384	28,620
Emergency response services	2,271,958	2,712,448	2,687,524	61,704	68,901	52,969
Total community health services	12,226,170	12,643,350	12,140,724	101,705	107,437	93,121
Support services						
Program support	3,873,927	3,472,052	2,917,135	74,940	99,854	76,405
Operational support	4,009,892	4,115,677	3,878,375	849,171	848,509	847,265
Other support	85,000	86,606	83,734	-		-
Employee future benefits	15,800	15,800	32,000	-		-
Total support services	7,984,619	7,690,135	6,911,244	924,111	948,363	923,670
Total expenses (Schedule 1)	29,997,803	30,741,054	29,157,576	1,185,037	1,215,468	1,190,657
Excess (deficiency) of revenues over expenses	$ -	$ (775,345)	$ 445,468	$ (604,537)	$ (635,118)	$ (678,922)

The accompanying notes and schedules are part of these financial statements

Statement 3

Statement of Changes in Fund Balances
For the Year Ended March 31, 2017

2017	Operating Fund	Restricted Capital Fund	Total 2017
Fund balance, beginning of year	$ -	$ 22,308,302	$ 22,308,302
Excess (deficiency) of revenues over expenses	(775,345)	(635,118)	(1,410,463)
Interfund transfers (Note 12)	-	-	-
Fund balance, end of year	$ (775,345)	$ 21,673,184	20,897,839

2016	Operating Fund	Restricted Capital Fund	Total 2016
Fund balance, beginning of year	$ -	$ 22,541,756	$ 22,541,756
Excess (deficiency) of revenues over expenses	445,468	(678,922)	(233,454)
Interfund transfers (Note 12)	(445,468)	445,468	-
Fund balance, end of year	$ -	$ 22,308,302	$ 22,308,302

The accompanying notes and schedules are part of these financial statements.

Statement 4

Statement of Cash Flow
For the Year Ended March 31, 2017

	Operating Fund		Restricted Capital Fund	
	2017	2016	2017	2016
Cash Provided by (used in):				
Operating activities:				
Excess (deficiency) of revenue over expenditure	$ (775,345)	$ 445,468	$ (635,118)	$ (678,922)
Net change in non-cash working capital (Note 6)	(744,630)	674,985	(31)	(22)
Amortization of capital assets	-	-	1,215,468	1,190,657
	(1,519,975)	1,120,453	580,319	511,713
Capital activities:				
Purchase of capital assets				
Equipment	-	-	(281,303)	(182,859)
	-	-	(281,303)	(182,859)
Net (decrease) increase in cash & short term investments during the year	(1,519,975)	1,120,453	299,016	328,854
Cash & short term investments, beginning of year	4,006,429	3,331,444	2,022,729	1,248,407
Interfund transfers (Note 12)		(445,468)	-	445,468
Cash & short term investments, end of year (Schedule 2)	$ 2,486,454	$ 4,006,429	$ 2,321,745	$ 2,022,729

The accompanying notes and schedules are part of these financial statements.

Notes to the Financial Statements
As at March 31, 2017

1. Legislative Authority

The Keewatin Yatthé Regional Health Authority (RHA) operates under *The Regional Health Services Act* (The Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Keewatin Yatthé Health Region, under section 27 of The Act. The RHA is a non-profit organization and is not subject to income and property taxes from the federal, provincial, and municipal levels of government. The RHA is a registered charity under the *Income Tax Act* of Canada.

2. Significant Accounting Policies

These consolidated financial statements have been prepared in accordance with Canadian public sector accounting (PSA) standards, issued by the Public Sector Accounting Board and published by CPA Canada. The RHA has adopted the standards for government not-for-profit organizations, set forth at PSA Handbook section PS 4200 to PS 4270.

a) Fund Accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for revenues. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received for provision of health services from Saskatchewan Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets. The capital fund includes revenues from Saskatchewan Health - General Revenue Fund provided for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

Notes to the Financial Statements
As at March 31, 2017

b) Revenue

Unrestricted revenues are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted revenues related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted revenues are recognized as revenue of the appropriate restricted fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

c) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Buildings	2½% to 5%
Leasehold improvements	5%
Equipment	5% to 33%

Donated capital assets are recorded at their fair market value at the date of contribution (if fair value can be reasonably determined).

d) Inventory

Inventory consists of general stores and pharmacy. All inventories are held at the lower of cost or net realizable value as determined on the first in, first out basis.

e) Employee Future Benefits

i) Pension

Employees of the RHA participate in several multi-employer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

ii) Disability income plan:

Employees of the RHA participate in several disability income plans to provide wage-loss insurance due to a disability. The RHA follows post-employment benefits accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

Notes to the Financial Statements
As at March 31, 2017

iii) Accumulated Sick Leave Benefit Liability

The RHA provides sick leave benefits for employees that accumulate but do not vest. The RHA recognizes a liability and an expense for sick leave in the period in which employees render services in return for the benefits. The liability and expense is developed using an actuarial cost method.

f) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian public sector accounting standards. In the preparation of the financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of contractual obligations and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

g) Financial Instruments

Cash, short-term investments, accounts receivable, long-term investments, accounts payable, accrued salaries and vacation payable are classified in the fair value category. Gains and losses on these financial instruments are recognized in the Statement of Operations when the financial asset is derecognized due to disposal or impairment. Long term debt and mortgages payable are carried at amortized cost.

Financial assets in the fair value category are marked-to-market by reference to their quoted bid price. Sales and purchases of investments are recorded on the trade date. Investments consist of guaranteed investment certificates, term deposits, bonds and debentures. Transaction costs related to the acquisition of investments are expensed.

As at March 31, 2017 (2016 – none), the RHA did not have any outstanding contracts or financial instruments with embedded derivatives. Financial assets are categorized as level 1 in the fair value hierarchy (see Note 11).

h) New accounting standards not yet in effect

A number of new Canadian public sector accounting standards and amendments to standards are not yet effective for governments and have not been applied in preparing these financial statements. The following standards will become effective as follows:

i) PS 2200 Related Party Disclosures (effective April 1, 2017), a new standard defining related parties and establishing guidance on disclosure requirements for related party transactions.

ii) PS 3210 Assets (effective April 1, 2017), a new standard providing guidance for applying the definition of assets and establishing disclosure requirements for assets.

Notes to the Financial Statements
As at March 31, 2017

iii) PS 3320 Contingent Assets (effective April 1, 2017), a new standard defining and establishing guidance on disclosure requirements for contingent assets.

iv) PS 3380 Contractual Rights (effective April 1, 2017), a new standard defining and establishing guidance on disclosure requirements for contractual rights.

v) PS 3420 Inter-Entity Transactions (effective April 1, 2017), a new standard establishing guidance on accounting for and reporting on transactions between organizations in the government reporting entity.

vi) PS 3430 Restructuring Transactions (effective April 1, 2018), a new standard defining a restructuring transaction and establishing guidance on recognition and measurement of assets and liabilities transferred in a restructuring transaction.

vii) PS 3450 Financial Instruments (effective April 1, 2019), a new standard establishing guidance on the recognition, measurement, presentation and disclosure of financial instruments, including derivatives.

viii) PS 2601 Foreign Currency Translation (effective April 1, 2019), replaces PS 2600 with revised guidance on the recognition, presentation and disclosure of transactions that are denominated in a foreign currency.

ix) PS 1201 Financial Statement Presentation (effective in the period PS 3450 and PS 2601 are adopted), replaces PS 1200 with revised general reporting principles and standards of presentation and disclosure in government financial statements.

x) PS 3041 Portfolio Investments (effective in the period PS 3450, PS 2601 and PS 1201 are adopted), replaces PS 3040 with revised guidance on accounting for, and presentation and disclosure of, portfolio investments.

The region plans to adopt these new and amended standards on the effective date and is currently analyzing the impact this will have on these financial statements.

3. Capital Assets

	March 31, 2017			March 31, 2016
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	$ 115,000		$ 115,000	$ 115,000
Buildings/Leasehold Improvements	28,459,537	(10,201,145)	18,258,392	19,056,007
Equipment	6,283,801	(5,307,011)	976,790	1,113,340
	$ 34,858,338	$ (15,508,156)	$ 19,350,182	$ 20,284,347

Notes to the Financial Statements
As at March 31, 2017

4. Contractual Obligations

a) Operating Leases

Minimum annual payments under operating leases on property and equipment over the next five fiscal years are as follows:

2017-2018	$ 171,967
2018-2019	$ 177,001
2019-2020	$ 177,001
2020-2021	$ 171,145
2021-2022	$ 171,145

Notes to the Financial Statements
As at March 31, 2017

5. Deferred Revenue

As at March 31, 2017	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Sask Health Initiatives				
Aboriginal Awareness Training	$ 10,585	$ 10,585	$ -	$ -
Patient Family Centered Care	2,819	1,259	-	1,560
Def Representative Workforce	2,354	-	-	2,354
Enhanced Preventive Dental Service	-	110,948	110,948	-
Bursaries	10,000	10,000	-	-
Primary Health Care Redesign	45,460	45,460	-	-
MH First Aid First Nations	-	11,064	12,200	1,136
Suicide Prevention	-	6,678	35,000	28,322
Compensation	65,818	65,818	-	-
Total Sask Health	$ 137,036	$ 261,812	$ 158,148	$ 33,372
Other Government of Sask Initiatives				
Cognitive Disability	$ 61,320	$ 26,869	$ 32,271	$ 66,722
Mamawetan Churchill River RHA	19,609	-	-	19,609
Smart Pumps Funding	12,539	7,542	77,963	82,960
Infection Control	-	4,503	-	(4,503)
West Side Suicide Intervention Project	-	-	23,968	23,968
Kids First North	57,984	161,493	103,509	-
Buffalo Narrows Tiny Tots Program	7,673	8,211	-	(538)
Children Exposed to Violence	23,405	8,621	-	14,784
SGI COEW Grants	-	-	2,000	2,000
Total Other Government of Sask	$ 182,530	$ 217,239	$ 239,711	$ 205,002
Non-Government of Sask Initiatives				
Diabetes Relay	$ 3,634	$ -	$ -	$ 3,634
Fundraising Ile a La Crosse	1,535	-	-	1,535
Vending Machines Ile a La Crosse	(4,314)	3,466	8,903	1,123
La Loche Fundraising	1,500	-	-	1,500
P.A.R.T.Y Program	462	-	-	462
Total Non-Government of Sask	$ 2,817	$ 3,466	$ 8,903	$ 8,254
Total Deferred Revenue	$ 322,383	$ 482,516	$ 406,762	$ 246,628

Notes to the Financial Statements
As at March 31, 2017

6. Net Change in Non-Cash Working Capital

	Operating Fund		Restricted Capital Fund	
	2017	2016	2017	2016
(Increase) Decrease in accounts receivable	$ (275,959)	$ 235,033	$ (31)	$ (22)
(Increase) Decrease in inventory	(43,562)	(27,067)	-	-
(Increase) Decrease in prepaid expenses	(89,410)	19,978	-	-
Increase (Decrease) in accounts payable	(506,053)	246,894	-	-
Increase (Decrease) in employee future benefits	15,800	32,000	-	-
Increase (Decrease) in accrued salaries	80,679	171,814	-	-
Increase (Decrease) in vacation payable	149,629	111,507	-	-
Increase (Decrease) in deferred revenue	(75,755)	(115,174)	-	-
	$ (744,630)	$ 674,985	$ (31)	$ (22)

7. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2017, was $61,168 (2016 - $61,109).

8. Related Parties

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown agencies such as ministries, corporations, boards and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of transactions resulting from these transactions are included in the consolidated financial statements and the table below. They are recorded at exchange amounts which approximate prevailing market rates charged by those organizations and are settled on normal trade terms.

In Addition, the RHA pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

Notes to the Financial Statements
As at March 31, 2017

	2017	2016
Accounts Receivable		
Ile a La Crosse School Division No. 112	$ 6,628	$ 8,855
Ministry of Health - Northern Transportion	604,301	342,304
Ministry of Health - Senior Citizens' Ambulance Assistance Program	51,253	44,541
Ministry of Justice	8,266	4,714
Saskatchewan Government Insurance	27,088	20,084
Saskatchewan Workers Compensation Board	769	769
Saskatoon Regional Health Authority	13,275	12,727
University Of Saskatchewan	15,756	9,522
Related Party Receivables	$ 727,336	$ 443,516

	2017	2016
Prepaid Expenditures		
Ile A La Crosse School Division No. 112	$ 19,129	$ 19,952
Related Party Prepaid Expenditures	$ 19,129	$ 19,952

	2017	2016
Accounts Payable		
3sHealth	$ 29,661	$ 50,819
eHealth Saskatchewan	14,400	13,460
Ile A La Crosse School Division No.112	12,699	32,790
Mamawetan Churchill River Regional Health Authority	-	6,000
Ministry of Central Services	-	63,660
Minister of Finance	17,138	2,811
Prairie North Regional Health Authority	9,369	104,026
Public Employees Pension Plan	10,416	2,463
Saskatchewan Health Employees Pension Plan	171,397	159,517
Saskatchewan Power	8,687	1,558
Saskatchewan Telecommunications	14,467	13,840
Saskatchewan Workers Compensation Board	-	81,865
University Of Saskatchewan	-	3,308
Related Party Payables	$ 288,234	$ 536,117

Notes to the Financial Statements
As at March 31, 2017

	2017	2016
Revenues		
3sHealth	$ 100,595	$ 51,235
Mamawetan Churchill River Regional Health Authority	146,669	151,152
Ministry of Health - Northern Transportation	80,707	362,046
Ministry of Health - Senior Citizens' Ambulance Assistance Program	30,214	32,432
Ministry of Justice	1,819	2,575
Saskatchewan Government Insurance	12,627	27,428
Saskatchewan Housing Corporation	84,938	-
Saskatchewan Workers Compensation Board	296,686	142,091
Related Party Revenues	$ 754,255	$ 768,959

	2017	2016
Expenditures		
3sHealth	$ 875,614	$ 727,141
eHealth Saskatchewan	40,197	22,607
Ile a La Crosse School Division No.112	179,140	86,688
M.D. Ambulance Care Ltd.	90,785	113,923
Mamawetan Churchill River Regional Health Authority	97,540	186,580
Meadow Lake Tribal Council	291,317	-
Ministry of Government Relations	13,464	19,924
North Sask Laundry & Support Services Ltd.	-	62,854
Prairie North Regional Health Authority	187,975	185,387
Prince Albert Parkland Regional Health Authority	-	1,904
Public Employees Pension Plan	69,039	64,131
Saskatchewan Government Insurance	3,512	2,946
Saskatchewan Health Employees Pension Plan	2,302,876	2,229,620
Saskatchewan Power Corporation	186,697	165,874
Saskatchewan Telecommunications	172,794	165,877
Saskatchewan Transportation Company	1,283	240
Saskatchewan Workers' Compensation Board	227,459	322,329
Saskatoon Regional Health Authority	17,505	6,149
Sunrise Health Region	-	240
University of Regina	2,090	7,936
University of Saskatchewan	1,000	8,351
Related Party Expenditures	$4,760,287	$4,380,701

Notes to the Financial Statements
As at March 31, 2017

9. Employee Future Benefits

a) Pension Plan

Employees of the RHA participate in one of the following pension plans:

1. **Saskatchewan Healthcare Employees' Pension Plan (SHEPP)** - This is jointly governed by a board of eight trustees. Four of the trustees are appointed by Health Shared Services Saskatchewan (3S Health), a related party, and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multi-employer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the Saskatchewan Association of Health Organizations (SAHO) Retirement Plan and governed by the SAHO Board of Directors).

2. **Public Employees' Pension Plan (PEPP)** (a related party) - This is a defined contribution plan and is the responsibility of the Government of Saskatchewan.

The RHA's financial obligation to these plans is limited to making the required payments to these plans according to their applicable agreements. Pension expense is included in Compensation-Benefits in Schedule 1 and is equal to the RHA contributions amount below.

Information on Pension Plans	**2017**	**2017**		**2016**
	SHEPP[1]	**PEPP**	**Total**	**Total**
Number of active members	271	7	278	270
Member contribution rate, percentage of	8.10-10.70%*	6.00-7.00%*		
RHA contribution rate, percentage of	9.07-11.98%*	6.00-7.00%*		
Member contributions (thousands of	1,086	30	1,116	1,125
RHA contributions (thousands of dollars)	1,217	30	1,247	1,255

* Contribution rate varies based on employee group.

1. Active members are employees of the RHA, including those on leave of absence as of March 31, 2017. Inactive members are not reported by the RHA, their plans are transferred to SHEPP and managed directly by them.

Notes to the Financial Statements
As at March 31, 2017

Pension plan contribution rates have increased as a result of deficiencies in SHEPP. Any actuarially determined deficiency is the responsibility of participating employers and employees in the ratio of 1.12 to 1. Contribution rates will continue to increase until the next actuarial reports are completed.

b) Disability Income Plans

Employees of the RHA participate in one of the following disability income plans, administered by 3sHealth:

1. General established in 1975

2. SEIU established in 1975 – affiliated with the Service Employees International Union

4. SUN established in 1982 – affiliated with the Saskatchewan Union of Nurses

The RHA's financial obligation to these plans is limited to making the required payments to these plans according to their applicable agreements. Disability expense is included in 'Compensation – benefits' in Schedule 1 and is equal to the RHA contributions amount below.

Information on Disability Plans	**2017**				**2016**
	General	**SUN**	**SGEU**	**Total**	**Total**
Number of active members	66	37	208	311	259
Member contribution rate, percentage of	0.598-0.650%*	0.759%	1.30%		
RHA contribution rate, percentage of	0.650-0.702%*	0.891%	-		
Member contributions (thousands of	28	21	94	143	129
RHA contributions (thousands of dollars)	31	24	-	55	54

* Contribution rate varies based on employee group.

Notes to the Financial Statements
As at March 31, 2017

c) Accumulated Sick Leave Benefit Liability

The cost of the accrued benefit obligations related to sick leave entitlement earned by employees is actuarially determined using the projected benefit method prorated on service and management's best estimate of inflation, discount rate, employee demographics and sick leave usage of active employees. The RHA has completed an actuarial valuation as of March 31, 2017. Key assumptions used as inputs into the actuarial calculation are as follows:

	2017	2016
Discount rate	2.40%	2.40%
Rate of inflation/increased earnings, for seniority, merit and promotion:		
For ages 15 to 29	2.00%	2.00%
For ages 30 to 39	1.50%	1.50%
For ages 40 to 49	1.00%	1.00%
For ages 50 to 59	0.50%	0.50%
For ages 60 and over (Non Sun Members)	0.00%	0.00%
For ages 60 and over (Sun Members at 20 years service)	2.00%	2.00%

	2017	2016
Accrued benefit obligation, beginning of year	$812,900	$780,900
Cost for the year		
Current period benefit costs	114,200	130,000
Interest Expense	19,400	16,400
Actuarial Gain	6,400	1,100
Benefits paid during the year	(124,200)	(115,500)
Accrued benefit obligation, end of year	$828,700	$812,900

10. Budget

The RHA Board approved the 2016-17 operating and capital budget plans on July 25, 2016.

Notes to the Financial Statements
As at March 31, 2017

11. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Financial risk management

The RHA has exposure to the following risk from its use of financial instruments: credit risk, market risk and liquidity risk.

The Board ensures that the RHA has identified its major risks and ensures that management monitors and controls them. The Board oversees the RHA's systems and practices of internal control, and ensures that these controls contribute to the assessment and mitigation of risk.

c) Credit risk

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHA's receivables are from Saskatchewan Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. Therefore, the credit risk on accounts receivable is minimal. The RHA is also exposed to credit risk from cash, short-term investments and investments.

The carrying amount of financial assets represents the maximum credit exposure as follows:

	2017	2016
Cash and short-term investments	$ 4,808,199	$ 6,029,158
Accounts receivable		
Ministry of Health - General Revenue Fund	-	65,818
Other	790,732	448,924
Investments	11,089	11,089
	$ 5,610,020	$ 6,554,989

The RHA manages its credit risk surrounding cash and short-term investments and investments by dealing solely with reputable banks and financial institutions, and utilizing an investment policy to guide its investment decisions. The RHA invests surplus funds to earn investment income with the objective of maintaining safety of principal and providing adequate liquidity to meet cash flow requirements.

d) Market Risk:

Market risk is the risk that changes in market prices, such as foreign exchange rates or interest rates will affect the RHA's income or the value of its holdings of financial instruments. The objective of market risk management is to control market risk exposures within acceptable parameters while optimizing return on investment.

(i) Foreign exchange risk:

The RHA operates within Canada, but in the normal course of operations is party to transactions denominated in foreign currencies. Foreign exchange risk arises from transactions denominated in a currency other than the Canadian dollar, which is the functional currency of the RHA. The RHA believes that it is not subject to significant foreign exchange risk from its financial instruments.

(ii) Interest rate risk:

Interest rate risk is the risk that the fair value of future cash flows or a financial instrument will fluctuate because of changes in the market interest rates.

Although management monitors exposure to interest rate fluctuations, it does not employ any interest rate management policies to counteract interest rate fluctuations.

e) Liquidity risk

Liquidity risk is the risk that the RHA will not be able to meet its financial obligations as they become due.

The RHA manages liquidity risk by continually monitoring actual and forecasted cash flows from operations and anticipated investing and financing activities.

At March 31, 2017 the RHA had a cash balance of $4,808,199 (2016 - $6,029,158).

To ensure that the RHA has sufficient cash on hand, the RHA prepares annual capital and operating budgets and forecasts which are regularly monitored and updated as necessary. As at March 31, 2017, the RHA had current operating financial assets of $3,801,033 and current operating liabilities of $3,757,678 which represents a working capital surplus of $43,355. The RHA has current restricted financial assets of $2,321,913 and no current restricted liabilities which represents a working capital surplus of $2,321,913. As at March 31, 2017, the RHA has complied with all restrictions placed on contributions received.

f) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.
  - Accounts receivable
  - Accounts payable
  - Accrued salaries and vacation payable

- Cash, short-term investments and long-term investments are recorded at fair value as disclosed in Schedule 2, determined using quoted market prices.

Determination of fair value

When the carrying amount of a financial instrument is the most reasonable approximation of fair value, reference to market quotations and estimation techniques is not required. The carrying values of cash and short-term investments, accounts receivable and accounts payable approximated their fair values due to the short-term maturity of these financial instruments.

For financial instruments listed below, fair value is best evidenced by an independent quoted market price for the same instrument in an active market. An active market is one where quoted prices are readily available, representing regularly occurring transactions. Accordingly, the determination of fair value requires judgment and is based on market information where available and appropriate. Fair value measurements are categorized into levels within a fair value hierarchy based on the nature of the inputs used in the valuation.

Level 1 – Where quoted prices are readily available from an active market.
Level 2 – Valuation model not using quoted prices, but still using predominantly observable market inputs, such as market interest rates.
Level 3 – Where valuation is based on unobservable inputs. There were no items measured at fair value using level 3 in 2017 or 2016.
There were no items transferred between levels in 2017 or 2016.

g) Operating Line-of-Credit

The RHA has a line-of-credit limit of $500,000 (2016 - $500,000) with interest charged at prime. The line-of-credit is non-secured. Total interest paid on the line-of-credit in 2016-17 was $0 (2015-16 - $0). This line-of-credit was approved by the Minister of Health in 1999.

12. Interfund Transfers

Each year, the RHA may transfer amounts between its funds for various purposes. These include funding capital asset purchases and reassigning fund balances to support certain activities.

	2017		2016	
	Operating Fund	Capital Fund	Operating Fund	Capital Fund
Capital Asset Purchases	$ -	$ -	$ (445,468)	$ 445,468

13. Pay for Performance

As part of government-wide fiscal restraint measures, the pay for performance compensation plan has been suspended for the fiscal years 2014-15 to 2016-17. This compensation plan was introduced in April 2011 and allowed the Chief Executive Officer to be eligible to earn a lump sum performance adjustment of up to 110% of his base salary. In prior years, the Chief Executive Officer was paid 90% of current base salary and a lump sum performance adjustment related to the previous year. Due to the suspension of the pay for performance compensation plan, the Chief Executive Officer will receive 100% of his base salary for the fiscal years 2014-15 to 2016-17.

14. Collective Bargaining Agreement

The Health Sciences Association of Saskatchewan (HSAS) contract is in effect until March 31, 2018.

The Saskatchewan Government and General Employees' Union (SGEU) contract is in effect until March 31, 2017.

The Saskatchewan Union of Nurses (SUN) contract is in effect until March 31, 2018.

15. Restructuring

The Province of Saskatchewan has announced its intention to consolidate the Province's twelve existing Regional Health Authorities, including Keewatin Yatthé Regional Health Authority, into one single Provincial Health Authority. The consolidation is expected to occur in the Fall of 2017. Although Keewatin Yatthé Regional Health Authority will be dissolved upon completion of the consolidation, it is expected its assets, liabilities, and operations will continue as part of the Provincial Health Authority. As a result, these financial statements have been prepared on a going concern basis.

Schedule 1

Schedule of Expenses by Object
For the Year Ended March 31, 2017

	Budget 2017 (Note 10)	Actual 2017	Actual 2016
Operating:			
Advertising & public relations	$ 12,000	$ 7,996	$ 10,798
Board costs	181,400	89,411	109,573
Compensation - benefits	3,819,984	3,914,079	3,551,106
Compensation - salaries	19,249,118	19,724,063	19,103,012
Continuing education fees & materials	296,590	174,651	208,534
Contracted-out services - other	336,700	240,382	284,894
Diagnostic imaging supplies	18,200	2,012	1,593
Dietary supplies	29,000	43,578	33,031
Drugs	221,600	150,192	212,870
Food	283,050	266,481	270,321
Grants to health care organizations & affiliates	183,500	185,313	262,580
Housekeeping & laundry supplies	19,100	15,642	21,765
Information technology contracts	47,500	40,323	31,006
Insurance	90,650	92,706	88,919
Interest	75	49	43
Laboratory supplies	180,200	177,483	177,435
Medical & surgical supplies	386,100	415,311	403,607
Office supplies & other office costs	343,100	472,346	458,683
Other	134,600	119,834	105,356
Professional fees	667,811	772,559	401,693
Purchased salaries	886,600	1,158,990	1,117,692
Rent/lease/purchase costs	982,000	988,878	880,062
Repairs & maintenance	547,375	669,981	467,689
Supplies - other	51,300	51,845	46,288
Travel	663,750	559,090	594,779
Utilities	366,500	407,860	314,242
Total Operating Expenses	$ 29,997,803	$ 30,741,054	$ 29,157,571
Restricted:			
Amortization		$ 1,215,468	$ 1,190,657
		$ 1,215,468	$ 1,190,657

Schedule 2

Schedule of Investments
As at March 31, 2017

	Fair Value	Maturity	Effective Rate	Coupon Rate
Restricted Investments				
Cash and Short Term Investments				
Chequing and Savings:				
Innovation Credit Union: Capital Account	$ 44		0.45%	
Innovation Credit Union: Chequing Account	2,321,701		0.95%	
	$ 2,321,745			
Total Cash & Short Term Investments	$ 2,321,745			
Long Term Investments				
Innovation Credit Union Equity	$ 1,089			
Total Long Term Investments	$ 1,089			
Total Restricted Investments	$ 2,322,834			
Unrestricted Investments				
Cash and Short Term Investments				
Chequing and Savings - Innovation Credit Union	$ 2,423,786		0.95%	
Petty Cash	1,500			
	$ 2,425,286			
Innovation Credit Union: Residents' Trust Account	61,168		0.10%	
Total Cash & Short Term Investments	$ 2,486,454			
Long Term Investments				
Innovation Credit Union	$ 10,000			
Total Long Term Investments	$ 10,000			
Total Unrestricted Investments	$ 2,496,454			
Total Investments	$ 4,819,288			
Restricted & Unrestricted Totals				
Total Cash & Short Term Investments	$ 4,808,199			
Total Long Term Investments	11,089			
Total Investments	$ 4,819,288			

Schedule 3

Schedule of Externally Restricted Funds
For the Year Ended March 31, 2017

	Balance Beginning of Year	Investment & Other Income	Capital Grant Funding	Expenses	Transfer to Investment in Capital Asset Fund Balance	Balance End of Year
Sask Health Initiatives						
Ministry of Health - Capital Projects	$ 672,108	$ -	$ 580,000	$ -	$ (42,314)	$ 1,209,794
Total Capital Fund	$ 672,108	$ -	$ 580,000	$ -	$ (42,314)	$ 1,209,794

Schedule 4

Schedule of Internally Restricted Funds
For the Year Ended March 31, 2017

	Balance, beginning of year	Investment income allocated	Annual allocation from unrestricted fund	Transfer to unrestricted fund (expenses)	Transfer to investment in capital asset fund balance	Balance, end of year
Future Capital Projects	$ 1,351,847	$ 350	$ -	$ -	$ (238,989)	$ 1,113,208

Schedule 5(a)

Schedule of Board Member Remuneration
For the Year Ended March 31, 2017

	2017						2016
RHA Members	Retainer	Per Diem	Time	Sustenance	CPP	Total	Total
Chairperson							
Tina Rasmussen	$ 7,470	$ 7,775	$ 5,773	$ 5,813	$ 1,164	$ 27,995	$ 34,568
Members							
Myra Malboeuf	$ -	$ 2,150	$ 852	$ 1,386	$ 149	$ 4,536	10,157
Elmer Campbell	$ -	$ 2,900	$ 1,256	$ 1,818	$ 206	$ 6,179	1,319
Patty Gauthier	$ -	$ 2,650	$ 1,414	$ 2,143	$ 201	$ 6,408	8,640
Barbara Flett	$ -	$ 1,700	$ 729	$ 1,066	$ 120	$ 3,616	6,011
Peter Laprise	$ -	$ 1,550	$ 396	$ 557	$ 96	$ 2,599	1,761
Robert Woods	$ -	$ -	$ -	$ -	$ -	$ -	2,831
Bruce Ruelling	$ -	$ 3,938	$ 2,276	$ 3,534	$ -	$ 9,747	7,091
Kenneth T Iron	$ -	$ 3,100	$ 1,521	$ 2,229	$ -	$ 6,851	6,281
Total	$ 7,470	$ 25,763	$ 14,217	$ 18,546	$ 1,936	$ 67,931	$ 78,659

Keewatin Yatthé Regional Health Authority

Schedule 5(b)

Schedule of Senior Management Remuneration
For the Year Ended March 31, 2017

SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES, AND SEVERANCE
for the year ended March 31, 2017

	2017					2016		
Senior Employees	Salaries[1]	Benefits and Allowances[2]	Sub-total	Severance Amount	Total	Salaries, Benefits & Allowances[1,2]	Severance	Total
Jean Marc Desmeules, CEO	190,231	11,975	202,207	-	$ 202,207	$ 231,712	$ -	$ 231,712
Edward Harding, CFO	133,202	13,780	146,982	-	146,982	168,379	-	168,379
Carol Gillis, Executive Director	121,998	8,410	130,408	-	130,408	135,616	-	135,616
Girija Nair, Executive Director	136,943	11,662	148,605	-	148,605	153,355	-	153,355
Total	$582,374	$ 45,828	$628,202	$ -	$628,202	$ 689,062	$ -	$689,062

1. Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lump sum payments, and any other direct cash remuneration. As part of government-wide fiscal restraint measures, the pay for performance compensation plan has been suspended for the fiscal years 2014-15 to 2016-17. The Chief Executive Officer was paid 100% of his base salary for 2016-17. Refer to Note 13 for further details.

2. Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable professional development, education for personal interest, non-accountable relocation benefits and personal use of: an automobile. It also includes personal use of a cell-phone, a computer, etc. and any other taxable benefits.

KEEWATIN YATTHE
REGIONAL HEALTH AUTHORITY

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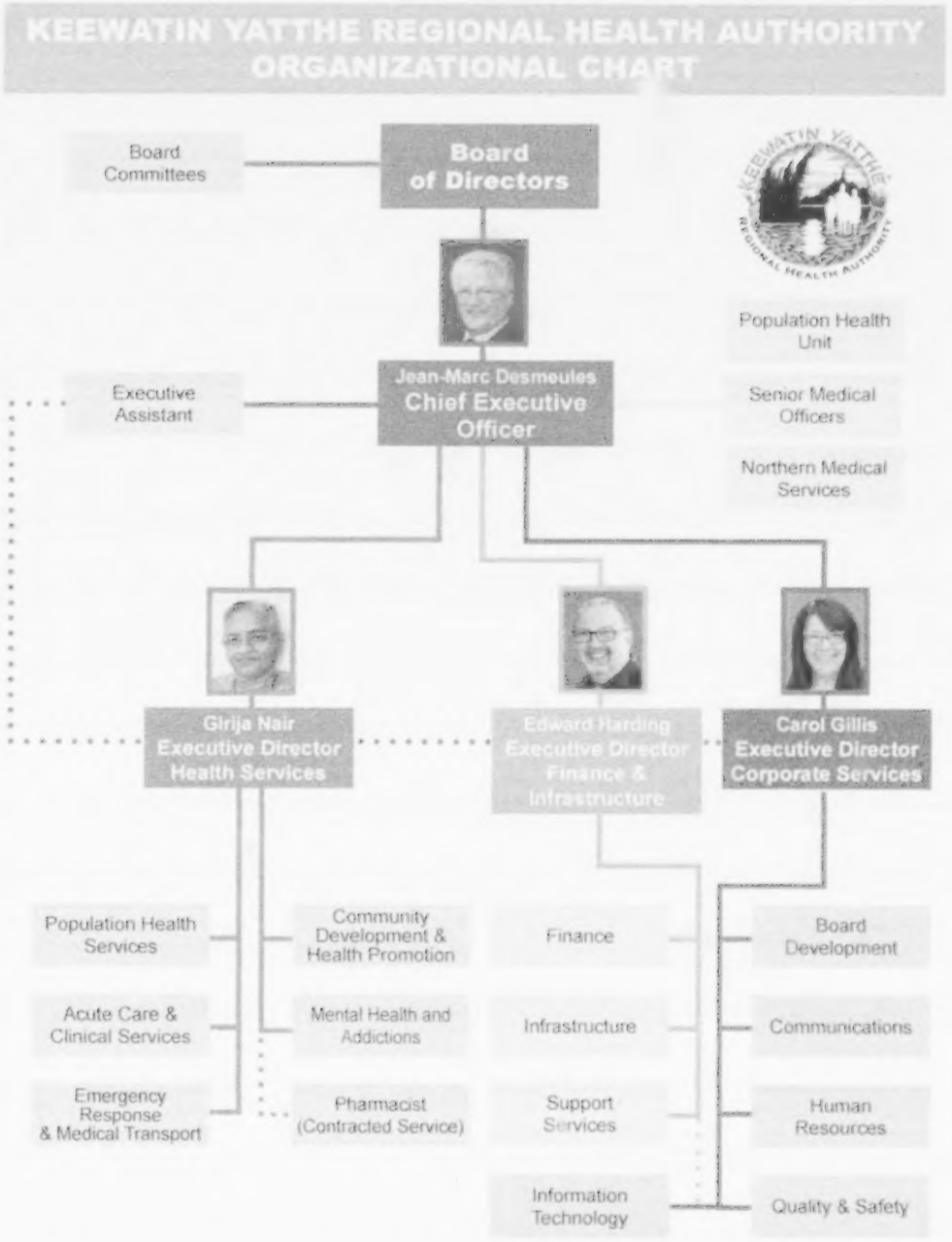
APPENDICES
2016-17

Organizational Chart



KEEWATIN YATTHÉ REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2017

As part of government's commitment to accountability and transparency, the Ministry of Health and Regional Health Authorities disclose payments of $50,000 or great made to individuals, affiliates and other organizations during the fiscal year. These payments include salaries, contracts, transfers, supply and services purchases and other expenditures.

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more:

Adebayo, Adeola	$ 53,453
Aguinaldo, Rosalina	233,005
Al Abbas, Muhannad	74,031
Arcand, Shawna	91,749
Ballantyne, Betsy	115,157
Birkham, Joelle	64,727
Brebber, Dana	75,756
Brunelle, Elizabeth	167,437
Caisse, Bernice	50,544
Caisse, Loretta	98,060
Caisse, Samantha	128,620
Campbell, Deborah	93,707
Chartier, Bertha	64,151
Chartier, Paul	80,328
Clarke, Cathy M	64,103
Clarke, Crystal	108,742
Clarke, Dawn	68,668
Clarke, Iris	107,611
Clarke, Jacquelin	96,875
Corrigal, Anna	107,326
Couillonneur, Helena	50,899
Daigneault, Diania	62,026
Daigneault, Karen	55,317
Daigneault, Lena	56,442
Daigneault, Robert	92,039
Dennett, Lindsay	116,152
Desjardin, Bernice	67,479
Desjardins, Raeah	81,799
Desjarlais, Bodean	102,679
Desjarlais, Erica-Rae	119,880
Desjarlais, Judy	52,957
Desjarlais, Leona	63,995
Desjarlais, Marieadel	51,693
Desjarlais, Tammy A	$ 65,390
Desmeules, Jean Marc	202,207
Di Pietro, Alex	92,537
Durocher, Dolores	118,528
Durocher, Liz	86,893
Durocher, Martin	82,431
Durocher, Peter	86,793
Durocher, Waylon	138,621
Dyrland, Jared	122,591
Favel, Brittany	112,948
Favel, Dennis	56,953
Favel, Georgina	54,022
Favel, Marlena	119,796
Favel, Pamela	84,586
Favel, Ryan	62,502
Folorunso, Olaosebik	55,458
Fontaine, Debbie	53,394
Fontaine, Owen	51,650
Forde, Maudlin	104,594
Gardiner, Brenda	58,061
Gardiner, Christine	74,466
Gardiner, Ida	51,870
Gardiner, June	58,686
Gardiner, Leona	57,159
Gardiner, Melanie	114,094
Gardiner, Robert	61,854
Gardiner, Sheri	139,339
Gauthier, Donna	59,437
Geetha, Rakesh Mo	144,221
Gibbons, Edith	123,891
Gillis, Carol	130,558
Gordon, Calla	93,701
Gordon, Maureen	70,095
Hansen, Cindy	87,695
Hansen, Marlene	91,145
Hansen, Rae-Ann	69,931
Hanson, Brenda	87,193
Hanson, Jolene	95,976
Harding, Edward	152,505
Harrison, Cameron	112,849

Payee List

Herman, Careen	$ 52,146
Herman, Dean	73,144
Herman, Judy	67,536
Herman, Kevin	70,385
Herman, Marilyn	59,776
Herman, Melinda	89,630
Herman, Monique	76,570
Hodgson, Christina	65,576
Hodgson, Roberta	85,307
Honrada, Charry	190,930
Hood, Samantha	70,478
Howson, Marianne	134,119
Iron, Terrance	87,930
Iron, Wanda	98,783
Jaganath, Noorjahan	198,018
Janvier, Antoinett	62,076
Janvier, Gloria	51,926
Janvier, Joanne	57,761
Janvier, Kylie	92,106
Janvier, Leona	52,217
Janvier, Ricky	63,082
Janvier, Rita	53,369
Kent, Stephanie	106,933
Kimbley, Sharon	118,850
Kissick, Margaret	88,433
Koskie, Megan	104,327
Kryzanowsky, Corrine	50,615
Kucharski, Michal	111,240
Kusch, Jeanne	73,835
Kyplain, Chelsea	87,327
Kyplain, Geraldine	65,453
Kyplain, Jane	75,564
Kyplain, Tanya	57,857
Lafleur, Leanne	80,504
Laliberte, Iona	57,985
Laliberte, Kathy	55,719
Lanteigne, Michelle	51,988
Laprise, Candace	71,021
Laprise, Devin	71,116
Laprise, Lawrence	70,363
Lariviere, Barbara	51,529
Lariviere, Doreen	131,510
Lemaigre, Antoinett	98,559
Lemaigre, Carol	84,620
Lemaigre, Jessie E	57,748
Lemaigre, Marcella	51,064
Lemaigre, Rosanne	79,653
Listoe, Eileen	115,906
Makar, Nadia	85,777
Maurice, Judy	60,942
Maurice, Linda	59,930
Mazurik, Matt	97,031
Mccallum, Cindyloo	86,738
Mccallum, Jason	50,599
Mcgaughey, Calvin	58,817
Merasty, Kylie	69,267
Misponas, Evelyn	57,092
Moise, Clara	$ 71,007
Montgrand, Brenda	52,598
Montgrand, Glenda	109,965
Morin, April	129,215
Morin, Darryl	59,191
Morin, Ida	62,905
Morin, Lyndsay	107,359
Morin, Lynn	61,780
Nair, Girija	148,605
Ni, Yun Ke	78,889
Pedersen, Katherine	50,775
Pedersen, Phyllis	81,529
Peterson, Kyle	53,167
Petit, Christa	55,063
Petit, Melissa	98,442
Petit, Richard	108,246
Phillips, Tarra	124,794
Piche, Carol	92,328
Piche, Dorilda	50,090
Piche, Tennille	50,265
Probert, Phyllis	92,484
Raymond, Carmen	75,333
Reid, Victoria	119,142
Reigert, Cindy	106,319
Richards, Byrne	102,011
Riemer, Ann	85,338
Roy, Jocelyn	90,761
Roy, Jody	72,565
Roy, Lorraine	97,956
Scott, Jennifer	90,864
Sereau, Thierry	110,869
Seright, Eva	63,410
Seright, Nadine	54,856
Seright-Gardiner, Pearl	156,698
Shmyr, Stacey	99,941
Singh, Amrinderb	55,829
Smith, Brenda	107,081
Smith, Ryan	130,211
Solway, Loretta	117,414
Starks, Faye	55,372
Striker, Bertha	54,432
Sutherland, Rena	53,208
Sylvester, Flora	52,424
Sylvestre, Brenda	57,497
Taylor, Patricia	237,152
Taylor, Sharon	58,175
Terryberry, Eric	90,696
Thompson, Jody	84,464
Toulejour, Justine	56,189
Tsannie, Linda	57,147
Wallace, Robin	120,913
Weselowski, Tessa	101,504
Williams, Ronda	50,418
Woods, Doris	91,886
Yelland, Rochelle	99,665
Yuhasz, Juanita	98,794

Payee List

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment:

Abbott Diagnostics Division	$ 70,666.94
Andrea, Gaudet	115,099.06
Autism Services	60,000.00
Prairie North Regional Health Authority	187,975.34
101134903 Saskatchewan Ltd.	201,705.60
Campbell, Becky Jo	216,120.42
Crestline Coach Ltd.	172,935.93
Daneen L, Weber	51,784.08
Eckert, Arlene	167,000.00
Federated Co-Operatives Ltd. $	261,490.02
Grand Grand & Toy	57,271.51
Garda Canada Security Corp.	233,181.25
The Great West Life Assurance Co	115,787.68
Hospira Healthecare Corp	164,345.65
HSAS Union Dues	52,687.32
Ile a La Crosse School Division	179,139.92
Ile a La Crosse Development Corp	86,400.00
Ile a La Crosse Friendship Centre	84,812.50
OCD Canada Holdings	54,560.85
Lead 2 Lean Solutions	290,856.19
M.D. Ambulance Care Ltd.	90,785.00
Mamawetan Churchill River Region	97,540.00
Marcon Philips Healthcare	$ 52,489.77
Marsh Canada Limited	62,574.00
Mckesson Canada	114,960.78
Meyers Norris Penny LLP	57,534.77
Meadow Lake Tribal Council	291,317.00
Morneau Shepell Ltd.	72,579.50
Public Employees Pension Plan	69,039.42
The Receiver General for Canada	6,200,715.59
3sHealth-Core Dental Plan	175,761.27
3sHealth-Disability Income Plan	103,822.72
3sHealth-I/S En Dntl Ex Hlth Pla	358,652.68
3sHealth	188,513.73
Schaan Healthcare Products	170,783.50
Sysco Serca Food Services Inc	165,671.45
SGEU - Ltd	93,679.09
SGEU	120,547.56
Chelsea, Ericson	66,984.13
Sask Healthcare Employees Pension	2,302,876.04
SaskPower	186,696.52
SaskTel	145,504.56
Cardinal Health Canada Inc	55,532.72
The Minister of Finance	270,271.90
The Minister of Finance	371,479.41
SUN	57,689.84
The NorthWest Company	136,345.05
Saskatchewan Worker's Comp Board	227,458.78
Wardell Gillis Tangjerd Rodgers	56,421.31
Total	$15,188,048.35

Information

More information on the Keewatin Yatthé Regional Health Authority is available:

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Fax:	306.235.4604
Online:	www.kyrha.ca

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